

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: J178

SERFF Tr Num: KCLF-125605198 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39082

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: J178

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kathleen Frese

Disposition Date: 05/27/2008

Date Submitted: 05/22/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: J178

Status of Filing in Domicile: Pending

Project Number: J178

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form No. J178-AR Flexible Premium Adjustable Death Benefit Life Insurance Policy

Form No. R221 Guaranteed Death Benefit Rider

Attached for your review and approval are copies of the above-referenced forms. These forms are new and will not replace or supersede any previously approved forms.

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Policy Form No. J178 is an adjustable premium universal life insurance product that is designed to be used with Rider Form No. R221. This rider guarantees that the policy remains in force as long as the lapse protection balance is equal to or greater than zero.

Please be advised that this policy will be illustrated under the NAIC Life Insurance Illustrations Model Regulation. Please see the attached certifications.

Company and Contact

Filing Contact Information

Kathleen Frese, Senior Compliance Analyst	kfrese@kclife.com
P O Box 219139	(800) 821-5529 [Phone]
Kansas City, MO 64121-9139	(816) 753-3018[FAX]

Filing Company Information

Kansas City Life Insurance Company	CoCode: 65129	State of Domicile: Missouri
P O Box 219139	Group Code: 588	Company Type: Life
Kansas City, MO 64121-9139	Group Name:	State ID Number:
(800) 821-5529 ext. [Phone]	FEIN Number: 44-0308260	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$50.00	05/22/2008	20469597

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/27/2008	05/27/2008

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Disposition

Disposition Date: 05/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	KCLF-125605198	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	39082
Company Tracking Number:	J178		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	J178		
Project Name/Number:	J178/J178		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial memorandum		No
Supporting Document	Illustration Certifications		Yes
Form	Flexible Premium Adjustable Death Benefit Life Insurance Policy		Yes
Form	Guaranteed Death Benefit Rider		Yes

SERFF Tracking Number: KCLF-125605198 State: Arkansas

Filing Company: Kansas City Life Insurance Company State Tracking Number: 39082

Company Tracking Number: J178

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: J178

Project Name/Number: J178/J178

Form Schedule

Lead Form Number: J178-AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J178-AR	Policy/Cont Flexible Premium ract/Fratern Adjustable Death al Benefit Life Certificate Insurance Policy	Initial		50	J178 AR.pdf
	R221	Policy/Cont Guaranteed Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	R221- Guaranteed Death Benefit Rider.pdf



**KANSAS CITY LIFE
INSURANCE COMPANY**

***Flexible Premium Adjustable Death Benefit Life
Insurance Policy - Nonparticipating***

Insured

John Doe

Policy Number

123456789

Agency

0123

Adjustable death benefit. Death proceeds payable at death of Insured prior to maturity date. Cash surrender value, if any, payable on maturity date. Flexible premiums payable until the maturity date or prior death of Insured.

Kansas City Life Insurance Company will pay the proceeds of this policy according to the provisions on this and the following pages, all of which are part of this policy. This policy is a legal contract between you and Kansas City Life Insurance Company. READ YOUR POLICY CAREFULLY.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

10-Day Right To Examine Policy

Please examine this policy carefully. If you are not satisfied, you may return the policy to us or to your agent within 10 days of its receipt. If returned, the policy will be void from the beginning and any premium paid will be refunded.

GUIDE TO POLICY PROVISIONS

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A copy of the original application and any additional benefits provided by rider or endorsement follow the last page of this policy.

Features of Your Universal Life Insurance Policy

Your universal life insurance policy provides for flexible premium payments and an adjustable death benefit. The cash values are affected by such things as the amount of your premium payments, monthly policy charges and the monthly interest credited to your cash values.

Some aspects of your universal life insurance policy are guaranteed, including the minimum guaranteed interest rate and maximum cost of insurance charges. Other aspects of your policy, such as the current interest rate and current cost of insurance charges, are not guaranteed. Fluctuations in the non-guaranteed elements of your policy could affect the policy cash values and premium payments necessary to keep your policy in force.

Policy loans and partial surrenders of your cash values may adversely affect the amount of death benefit, policy cash values and premium payments necessary to keep your policy in force.

Section 1: Policy Data

Policy Number

9999999

Beneficiary

As stated in the application or in the last beneficiary designation filed with us.

Insured

John Doe

Owner

The Insured

Initial Specified Amount

\$100,000

Issue Age

35

Policy Date

March 1, 2008

Sex

Male

Maturity Date*

March 1, 2093

Minimum Specified Amount

\$100,000

Guaranteed Payment Period

First five years following the policy date or first five years following the effective date of an increase in the specified amount.

Guaranteed Monthly Premium During Guaranteed Payment Period

\$58.00**

Guaranteed Interest Rate

3.0% (0.2466727% on a monthly basis)

Loan Interest Rate

6.0%

Mortality Tables

Guaranteed values are based on the 2001 Commissioners Standard Ordinary Smoker or Non-Smoker Mortality Tables, age nearest birthday at the guaranteed interest rate shown above.

* Coverage may expire prior to the maturity date if the cash surrender value or premium payments are insufficient as described in Section 5.8, Grace Period.

** This amount will change if you increase the specified amount, add or delete any benefits provided by riders.

Section: Policy Data (continued)**Date Prepared:** 03/01/2008**Insured**
John Doe**Policy Number**
9999999

Planned Premium Payment \$732.00 Annually

<u>Form No.</u>	<u>Benefit Description</u>	<u>Specified Amount</u>	<u>Risk Class</u>	<u>Monthly Cost of Insurance</u>
J178	Coverage Option A: Death benefit equals the specified amount at the time of death. (Effective: March 1, 2008)	\$100,000*	Standard Non-Tobacco	See Page 9
R199	Guaranteed Death Benefit Rider** (Effective: March 1, 2008)			\$0.00

* This is the specified amount at the time this policy was issued. The specified amount may be changed as provided in Section 6, Policy Change Provisions.

**The lapse protection period is [85] years.

Section1: Policy Data (continued)**Date Prepared:** 03/01/2008**Insured**
John Doe**Policy Number**
99999999**Monthly Expense Charge****Guaranteed Expense Charge**

[\$4.00] per month for all policy years

[15%] of premium received during all policy years

Policy years 1-5 [\$0.27] per month per 1,000 of specified amount

Policy years 6+ [\$0.27] per month per 1,000 of specified amount

Partial Surrender Fee

\$25.00.

Table of Surrender Charges

<u>Policy Year</u>	<u>Amount at End of Year</u>
0-1	\$700.00
2	\$700.00
3	\$560.00
4	\$420.00
5	\$315.00
6	\$210.00
7	\$105.00
8+	\$0.00

There will not be a surrender charge after the end of the 7th policy year, unless you request an increase in the specified amount.

When you request an increase in the specified amount, an additional surrender charge and surrender charge period will be applicable for 7 years following the effective date of the increase in specified amount. We will send you an updated surrender charge schedule for the increase. The additional surrender charge will apply only if the increase is in connection with an increase as provided in Section 6.2, Changes in Specified Amount, or, if applicable, under the terms of any increase rider.

The surrender charges listed above are applicable at the end of each policy year. After the first policy year the surrender charge between years will be pro-rated. The charge for the entire first policy year will be level.

Section1: Policy Data (continued)

Date Prepared: 03/01/2008

Insured
John DoePolicy Number
9999999**TABLE OF LAPSE PROTECTION FACTORS**

Policy Year	Stipulated Lapse Protection Rate ¹	Lapse Protection Premium Adjustment Factor ^{2,3}	Primary Excess Premium Factor ²	Secondary Excess Premium Factor ²	Excess Funding Factor ²	Monthly Accumulation Factor	Rider Contributions to Lapse Protection Premium ¹
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	0.04	5.00	0.58000	0.75	15.25000	0.004074	0.00
2	0.05	4.75	0.58000	0.40	12.20000	0.004154	0.00
3	0.06	4.50	0.58000	0.40	10.16667	0.004233	0.00
4	0.08	4.25	0.58000	0.40	7.62500	0.004313	0.00
5	0.09	4.00	0.58000	0.40	6.77778	0.004392	0.00
6	0.10	3.75	0.58000	0.40	6.10000	0.004472	0.00
7	0.11	3.50	0.58000	0.40	5.54545	0.004551	0.00
8	0.12	3.25	0.58000	0.40	5.08333	0.004630	0.00
9	0.13	3.00	0.58000	0.40	4.69231	0.004709	0.00
10	0.14	2.75	0.58000	0.40	4.35714	0.004789	0.00
11	0.16	2.50	0.58000	0.40	3.81250	0.004868	0.00
12	0.19	2.25	0.58000	0.40	3.21053	0.004947	0.00
13	0.21	2.00	0.58000	0.40	2.90476	0.005025	0.00
14	0.24	1.75	0.58000	0.40	2.54167	0.005104	0.00
15	0.26	1.50	0.58000	0.40	2.34615	0.005183	0.00
16	0.28	1.25	0.58000	0.40	2.17857	0.005262	0.00
17	0.31	1.00	0.58000	0.40	1.96774	0.005340	0.00
18	0.33	0.75	0.58000	0.40	1.84848	0.005419	0.00
19	0.37	0.50	0.58000	0.40	1.64865	0.005497	0.00
20	0.40	0.50	0.58000	0.40	1.52500	0.005576	0.00
21	0.45	0.50	0.58000	0.40	1.35556	0.005654	0.00
22	0.49	0.50	0.58000	0.40	1.24490	0.005732	0.00
23	0.54	0.50	0.58000	0.40	1.12963	0.005811	0.00
24	0.59	0.50	0.58000	0.40	1.03390	0.005889	0.00
25	0.65	0.50	0.58000	0.40	1.00000	0.005967	0.00
26	0.74	0.50	0.58000	0.40	1.00000	0.006045	0.00
27	0.82	0.50	0.58000	0.40	1.00000	0.006045	0.00
28	0.92	0.50	0.58000	0.40	1.00000	0.006045	0.00
29	1.04	0.50	0.58000	0.40	1.00000	0.006045	0.00
30	1.16	0.50	0.58000	0.40	1.00000	0.006045	0.00
31	1.28	0.50	0.58000	0.40	1.00000	0.006045	0.00
32	1.41	0.50	0.58000	0.40	1.00000	0.006045	0.00
33	1.54	0.50	0.58000	0.40	1.00000	0.006045	0.00
34	1.68	0.50	0.58000	0.40	1.00000	0.006045	0.00
35	1.82	0.50	0.58000	0.40	1.00000	0.006045	0.00
36	2.00	0.50	0.58000	0.40	1.00000	0.006045	0.00
37	2.20	0.50	0.58000	0.40	1.00000	0.006045	0.00
38	2.45	0.50	0.58000	0.40	1.00000	0.006045	0.00

Section1: Policy Data (continued)*Date Prepared:* 03/01/2008*Insured*
John Doe*Policy Number*
9999999**TABLE OF LAPSE PROTECTION FACTORS (continued)**

Policy Year	Stipulated Lapse Protection Rate ¹	Lapse Protection Premium Adjustment Factor ^{2,3}	Primary Excess Premium Factor ²	Secondary Excess Premium Factor ²	Excess Funding Factor ²	Monthly Accumulation Factor	Rider Contributions to Lapse Protection Premium ¹
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
39	2.73	0.50	0.58000	0.40	1.00000	0.006045	0.00
40	3.01	0.50	0.58000	0.40	1.00000	0.006045	0.00
41	3.32	0.50	0.58000	0.40	1.00000	0.006045	0.00
42	3.65	0.50	0.58000	0.40	1.00000	0.006045	0.00
43	4.02	0.50	0.58000	0.40	1.00000	0.006045	0.00
44	4.46	0.50	0.58000	0.40	1.00000	0.006045	0.00
45	4.96	0.50	0.58000	0.40	1.00000	0.006045	0.00
46	5.51	0.50	0.58000	0.40	1.00000	0.006045	0.00
47	6.12	0.50	0.58000	0.40	1.00000	0.006045	0.00
48	6.76	0.50	0.58000	0.40	1.00000	0.006045	0.00
49	7.44	0.50	0.58000	0.40	1.00000	0.006045	0.00
50	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
51	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
52	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
53	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
54	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
55	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
56	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
57	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
58	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
59	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
60	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
61	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
62	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
63	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
64	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
65	8.19	0.50	0.58000	0.40	1.00000	0.006045	0.00
66	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
67	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
68	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
69	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
70	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
71	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
72	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
73	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
74	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
75	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
76	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00
77	0.00	0.00	0.00000	0.00	0.00000	0.00000	0.00

Section1: Policy Data (continued)*Date Prepared:* 03/01/2008*Insured*
John Doe*Policy Number*
9999999**TABLE OF LAPSE PROTECTION FACTORS (continued)**

Policy Year	Stipulated Lapse Protection Rate ¹	Lapse Protection Premium Adjustment Factor ^{2,3}	Primary Excess Premium Factor ²	Secondary Excess Premium Factor ²	Excess Funding Factor ²	Monthly Accumulation Factor	Rider Contributions to Lapse Protection Premium ¹
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
78	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
79	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
80	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
81	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
82	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
83	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
84	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00
85	0.00	0.00	0.00	0.00	0.00000	0.00000	0.00

¹ The lapse protection monthly premium is equal to (i) plus (ii); where (i) is equal to the applicable rate from column (a) multiplied by the specified amount divided by \$1,000 and (ii) is equal to the applicable value from column (g).

² The lapse protection balance increase is equal to (i) plus (ii) plus (iii); where (i) is equal to the applicable factor in column (b) multiplied by the portion of any net premium paid during the month that, when combined with other net premiums paid in the policy year, is less than or equal to the sum of the lapse protection monthly premiums for that policy year and (ii) is equal to the applicable factor in column (c) multiplied by that portion of any net premium paid during the month that, when combined with other net premiums paid in the policy year, is between the sum of the lapse protection monthly premiums for that policy year and that sum multiplied by the applicable factor from column (e) and (iii) is equal to the applicable factor in column (d) multiplied by that portion of any net premium paid during the month that, when combined with other net premiums paid in the policy year, is greater than the sum of the lapse protection monthly premiums for that policy year multiplied by the applicable factor from column (e). For purposes of this calculation, net premium refers to premiums paid less loans and partial surrenders.

³ The lapse protection balance reduction is equal to the applicable factor in column (b) multiplied by the lapse protection monthly premium.

Table of Corridor Percentages

Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value	Insured's Attained Age	Percentage of Accumulated Value
35	492%	64	192%	93	113%
36	475%	65	187%	94	112%
37	459%	66	182%	95	110%
38	443%	67	177%	96	109%
39	428%	68	173%	97	107%
40	413%	69	169%	98	105%
41	399%	70	165%	99	103%
42	385%	71	161%	100+	100%
43	372%	72	157%		
44	360%	73	153%		
45	348%	74	150%		
46	336%	75	147%		
47	325%	76	144%		
48	315%	77	141%		
49	304%	78	138%		
50	294%	79	136%		
51	285%	80	133%		
52	276%	81	131%		
53	267%	82	129%		
54	258%	83	127%		
55	250%	84	125%		
56	243%	85	123%		
57	235%	86	121%		
58	228%	87	120%		
59	222%	88	119%		
60	215%	89	117%		
61	209%	90	116%		
62	203%	91	115%		
63	197%	92	114%		

Section 2: Monthly Cost of Insurance Rates

*Table of Guaranteed Maximum Monthly Cost of Insurance Rates
per \$1,000 -- Tobacco User Risk Class*

Age	Male	Female	Age	Male	Female	Age	Male	Female
15	\$0.05084	\$0.02917	50	\$0.53779	\$0.44937	85	\$11.81206	\$8.86201
16	\$0.06584	\$0.03417	51	\$0.58034	\$0.50192	86	\$12.94801	\$9.43570
17	\$0.08084	\$0.03833	52	\$0.63874	\$0.55948	87	\$14.17221	\$10.34679
18	\$0.09251	\$0.04167	53	\$0.70466	\$0.62038	88	\$15.46210	\$11.25783
19	\$0.10084	\$0.04500	54	\$0.78729	\$0.68714	89	\$16.80008	\$12.17563
20	\$0.10584	\$0.04834	55	\$0.88078	\$0.75724	90	\$18.16837	\$12.91894
21	\$0.11085	\$0.05084	56	\$0.97595	\$0.83236	91	\$19.40523	\$13.08056
22	\$0.11668	\$0.05417	57	\$1.07699	\$0.91250	92	\$20.67027	\$13.74126
23	\$0.12168	\$0.05584	58	\$1.15634	\$0.99015	93	\$21.98111	\$14.80774
24	\$0.12835	\$0.06000	59	\$1.24822	\$1.07616	94	\$23.34419	\$16.17152
25	\$0.13585	\$0.06417	60	\$1.35935	\$1.16552	95	\$24.85705	\$18.24094
26	\$0.14252	\$0.06750	61	\$1.49724	\$1.25825	96	\$26.19622	\$20.14012
27	\$0.15086	\$0.07251	62	\$1.66360	\$1.36269	97	\$27.61193	\$22.05510
28	\$0.15169	\$0.07667	63	\$1.84841	\$1.46715	98	\$29.11098	\$22.14738
29	\$0.15086	\$0.08251	64	\$2.03748	\$1.57748	99	\$30.69938	\$23.08506
30	\$0.15002	\$0.08584	65	\$2.22410	\$1.69788	100	\$32.38239	\$24.70128
31	\$0.15002	\$0.09334	66	\$2.40410	\$1.82583	101	\$33.66029	\$26.43322
32	\$0.15169	\$0.09918	67	\$2.57913	\$1.96971	102	\$35.01097	\$28.34637
33	\$0.15586	\$0.10668	68	\$2.76345	\$2.12785	103	\$36.43322	\$30.40644
34	\$0.16169	\$0.11585	69	\$2.94615	\$2.29944	104	\$37.93389	\$32.64981
35	\$0.16669	\$0.12752	70	\$3.16750	\$2.49119	105	\$39.87487	\$35.49326
36	\$0.17586	\$0.13752	71	\$3.40992	\$2.70982	106	\$41.94705	\$38.42340
37	\$0.18587	\$0.14919	72	\$3.73977	\$2.95118	107	\$44.16014	\$41.44337
38	\$0.20004	\$0.15669	73	\$4.07151	\$3.21111	108	\$46.52136	\$44.49915
39	\$0.21421	\$0.16669	74	\$4.40683	\$3.49635	109	\$49.04367	\$47.70095
40	\$0.23089	\$0.17670	75	\$4.79707	\$3.78343	110	\$51.73391	\$50.99608
41	\$0.25256	\$0.18837	76	\$5.21287	\$4.09671	111	\$54.60665	\$54.18326
42	\$0.27758	\$0.20254	77	\$5.69390	\$4.43374	112	\$57.67409	\$57.29201
43	\$0.30759	\$0.21921	78	\$6.25049	\$4.79707	113	\$60.94980	\$60.13810
44	\$0.34345	\$0.23839	79	\$6.88457	\$5.19013	114	\$64.44883	\$64.17791
45	\$0.38098	\$0.26090	80	\$7.56260	\$5.61384	115	\$68.18682	\$67.96341
46	\$0.41601	\$0.28592	81	\$8.32286	\$6.21084	116	\$72.18101	\$71.91859
47	\$0.45521	\$0.31760	82	\$9.09107	\$6.86007	117	\$76.45137	\$76.29014
48	\$0.47689	\$0.35679	83	\$9.89784	\$7.49323	118	\$81.01778	\$80.35500
49	\$0.50192	\$0.40099	84	\$10.77656	\$8.17462	119	\$83.33333	\$83.33333
						120	\$83.33333	\$83.33333

**Table of Guaranteed Maximum Monthly Cost of Insurance Rates
per \$1,000 -- Non-Tobacco User Risk Class**

Age	Male	Female	Age	Male	Female	Age	Male	Female
0	\$0.08084	\$0.04000	40	\$0.12168	\$0.10001	80	\$5.68800	\$3.54838
1	\$0.04667	\$0.02917	41	\$0.13168	\$0.10584	81	\$6.36020	\$3.98162
2	\$0.03250	\$0.02167	42	\$0.14419	\$0.11251	82	\$7.06118	\$4.47073
3	\$0.02250	\$0.01667	43	\$0.15836	\$0.12085	83	\$7.81815	\$4.95863
4	\$0.01750	\$0.01583	44	\$0.17503	\$0.13085	84	\$8.65764	\$5.49840
5	\$0.01750	\$0.01500	45	\$0.19420	\$0.14252	85	\$9.59706	\$6.10707
6	\$0.01833	\$0.01500	46	\$0.21255	\$0.15586	86	\$10.64036	\$6.65989
7	\$0.01833	\$0.01750	47	\$0.23255	\$0.17253	87	\$11.78220	\$7.49323
8	\$0.01833	\$0.01750	48	\$0.24423	\$0.19087	88	\$13.00872	\$8.36523
9	\$0.01917	\$0.01750	49	\$0.25757	\$0.21088	89	\$14.30594	\$9.29646
10	\$0.01917	\$0.01833	50	\$0.27674	\$0.23422	90	\$15.66322	\$10.15628
11	\$0.02250	\$0.01917	51	\$0.29926	\$0.26007	91	\$16.94312	\$10.59184
12	\$0.02750	\$0.02250	52	\$0.33011	\$0.28925	92	\$18.28068	\$11.44961
13	\$0.03250	\$0.02500	53	\$0.36347	\$0.32094	93	\$19.69542	\$12.72489
14	\$0.03917	\$0.02750	54	\$0.40600	\$0.35429	94	\$21.19403	\$14.33938
15	\$0.05084	\$0.02917	55	\$0.45854	\$0.39015	95	\$22.77289	\$16.33935
16	\$0.06167	\$0.03250	56	\$0.51193	\$0.43185	96	\$24.22200	\$18.24612
17	\$0.07084	\$0.03417	57	\$0.56949	\$0.47523	97	\$25.77166	\$20.21644
18	\$0.07667	\$0.03500	58	\$0.61872	\$0.52194	98	\$27.43069	\$20.55482
19	\$0.07834	\$0.03750	59	\$0.67546	\$0.56866	99	\$29.20718	\$21.68875
20	\$0.07917	\$0.03750	60	\$0.74389	\$0.61705	100	\$31.11386	\$23.49431
21	\$0.07917	\$0.03833	61	\$0.82735	\$0.66961	101	\$32.63203	\$25.42630
22	\$0.07917	\$0.04000	62	\$0.92920	\$0.72720	102	\$34.25451	\$27.58993
23	\$0.08001	\$0.04000	63	\$1.04359	\$0.78645	103	\$35.98673	\$29.95805
24	\$0.08084	\$0.04167	64	\$1.16385	\$0.85072	104	\$37.83604	\$32.57783
25	\$0.08167	\$0.04167	65	\$1.29083	\$0.92168	105	\$39.78296	\$35.42535
26	\$0.08501	\$0.04417	66	\$1.41951	\$1.00017	106	\$41.86111	\$38.36050
27	\$0.08917	\$0.04750	67	\$1.54990	\$1.08618	107	\$44.07929	\$41.38462
28	\$0.08751	\$0.04834	68	\$1.69035	\$1.18223	108	\$46.44744	\$44.44460
29	\$0.08584	\$0.05167	69	\$1.83586	\$1.28749	109	\$48.97489	\$47.65064
30	\$0.08501	\$0.05334	70	\$2.01237	\$1.40363	110	\$51.67124	\$50.95006
31	\$0.08417	\$0.05667	71	\$2.20987	\$1.53736	111	\$54.55012	\$54.14066
32	\$0.08417	\$0.06000	72	\$2.46942	\$1.68701	112	\$57.62282	\$57.25382
33	\$0.08667	\$0.06334	73	\$2.74334	\$1.84925	113	\$60.90571	\$60.10438
34	\$0.08834	\$0.06834	74	\$3.03166	\$2.02744	114	\$64.41012	\$64.14865
35	\$0.09084	\$0.07417	75	\$3.34700	\$2.22494	115	\$68.15449	\$67.93870
36	\$0.09584	\$0.07917	76	\$3.69107	\$2.44178	116	\$72.15515	\$71.89944
37	\$0.10001	\$0.08584	77	\$4.09083	\$2.68050	117	\$76.43109	\$76.27566
38	\$0.10751	\$0.08917	78	\$4.55818	\$2.94448	118	\$81.00512	\$80.34528
39	\$0.11418	\$0.09418	79	\$5.09836	\$3.22956	119	\$83.33333	\$83.33333
						120	\$83.33333	\$83.33333

Section 3: Definitions

The following key words are used in the policy and are important in describing it. Please refer back to these definitions as you read the policy.

3.1 Age

Age means the issue age plus the number of completed policy years. We will issue the policy at the age shown in Section 1, Policy Data, which is the Insured's age on the birthday closest to the policy date.

3.2 Beneficiary

The beneficiary is the person you designate in the application (or in the last designation filed with us) to receive any proceeds payable under this policy at the death of the Insured.

3.3 Cash Surrender Value

Equals the accumulated value at the time of surrender less applicable surrender charges, and less any loan balance.

3.4 Cost of Insurance

The charge we make based on the amount of pure insurance protection using the current cost of insurance rates for this policy. It does not include the cost of any additional benefits provided by riders.

3.5 Coverage Options

The two choices offered for the calculation of your death benefit. These options are Option A and Option B. See Section 4.2, Death Proceeds.

3.6 The Insured

The person whose life is insured under this policy.

3.7 Maturity Date

The date shown in Section 1, Policy Data, when coverage terminates and the cash surrender value, if any, is paid.

3.8 Monthly Anniversary Day

The day of each month when we make the monthly deduction for this policy. It is the same day of each month as shown in the policy date (or the last day of the month for those months not having such a day).

3.9 Monthly Deduction

The amount we deduct on each monthly anniversary day from the accumulated value to pay the various policy expenses for the month beginning on that monthly anniversary day. These expenses include: cost of insurance; monthly expense charges; and the cost of any additional benefits provided by riders.

3.10 Monthly Expense Charges

Charges we deduct from the accumulated value on each monthly anniversary day to compensate us for the costs associated with administration of the policy. We show these charges in Section 1, Policy Data.

3.11 Non-Tobacco User

A rate class in our underwriting guidelines that defines an Insured as a non-tobacco user.

3.12 Owner

The person entitled to exercise all rights and privileges provided in the policy.

3.13 Planned Premium Payments

The amount and frequency of premium payments you elected to pay in your last application. This is only an indication of your preference of future premium payments. You may change the amount and frequency of premium payments at any time. Section 5.8, Grace Period describes the amount of premium required to keep your policy in force.

3.14 Policy Anniversary

The same day and month as the policy date each year that the policy remains in force.

3.15 Policy Date

The date shown in Section 1, Policy Data, from which we compute policy months, years and anniversaries. We measure the incontestability and suicide periods (see Section 9.2, and 9.3) for the initial specified amount from this date.

3.16 Policy Year

Any period of twelve months starting with the policy date and each policy anniversary thereafter.

3.17 Proceeds

The total amount we are obligated to pay under the terms of this policy.

3.18 Specified Amount

The amount of insurance coverage on the Insured shown in Section 1, Policy Data.

3.19 Tobacco User

A rate class in our underwriting guidelines that defines an Insured as a tobacco user.

3.20 We, Our, Us

Kansas City Life Insurance Company.

3.21 Written Notice/Written Request

A written notice or written request in a form satisfactory to us, which is signed by the owner and received at the Home Office.

3.22 You, Your

The owner of this policy. The owner may be someone other than the Insured.

Section 4: Proceeds

4.1 Types of Proceeds and Method of Payment

There are various types of proceeds available under this policy. These include:

- Death proceeds
- Maturity proceeds
- Surrender proceeds
- Partial surrender proceeds

We will pay death, maturity or surrender proceeds either under a payment option (as described in Section 11, Payment of Proceeds) or in a lump sum. The amount of proceeds payable will vary by the type of proceeds and the form of payment selected. We will only pay partial surrender proceeds as a lump sum.

We have the right to require that this policy be returned to us when we pay death, maturity or surrender proceeds.

To the extent permitted by law, proceeds will not be subject to any claims of your creditors or the beneficiary's creditors.

4.2 Death Proceeds

If the Insured dies prior to the maturity date, we will pay the death proceeds to the beneficiary. We will require proof that the Insured's death occurred while this policy was in force.

We will pay the proceeds to the beneficiary in a lump sum unless you or the beneficiary elect one of the payment options listed in Section 11, Payment of Proceeds.

The amount of death proceeds payable upon the Insured's death is determined according to the coverage option you have elected. The coverage option is shown in Section 1, Policy Data.

Coverage Option A

The death benefit will be the greater of:

- 1) the specified amount on the date of death increased by any premiums received during the period from the preceding monthly anniversary day to the date of death; or
- 2) the accumulated value on the date of death multiplied by the corridor percentage as shown in the Table of Corridor Percentages, Section 1, Policy Data for the Insured's age on the date of death.

Coverage Option B

The death benefit will be the greater of:

- 1) the specified amount on the date of death, plus the accumulated value on the date of death; or
- 2) the accumulated value on the date of death multiplied by the corridor percentage as shown in the Table of Corridor Percentages, Section 1, Policy Data, for the Insured's age on the date of death.

We will increase death benefits under any coverage option by any additional benefits provided by riders in force at the Insured's death and any premiums received after the date of death. We will also refund any cost of insurance charge deducted for the period

beyond the date of death. We will reduce death benefits by any loan balance.

The purpose of this corridor percentage is to ensure that your policy will not be disqualified as a life insurance policy under Section 7702 of the Internal Revenue Code, as amended.

If changes occur in the Internal Revenue Code which would disqualify the policy as a life insurance policy, we have the right to amend the policy in order to make it qualify under any new federal income tax laws.

We will pay interest on lump sum death proceeds from the date of the Insured's death until the date of payment. Interest will be at an annual rate determined by us, but never less than the rate required by the state in which this policy is delivered. However, we will pay interest on single sum proceeds not paid within a reasonable amount of time (not to exceed 30 days) after we receive proof of death.

4.3 Maturity Proceeds

If the Insured is alive on the maturity date, you may elect to apply maturity proceeds under any payment option described in Section 11, Payment of Proceeds. The maturity proceeds will be equal to the cash surrender value at the maturity date.

4.4 Surrender Proceeds

We will pay proceeds of a full surrender as either a lump sum or under a payment option as described in Section 11, Payment of Proceeds. Unless you specify otherwise, we will pay full surrender proceeds as a lump sum. We will only pay partial surrender proceeds as a lump sum.

The amount of proceeds payable upon a full surrender is the cash surrender value as described in Section 7.6, Cash Surrender. The amount of proceeds payable under the partial surrender provision is defined in Section 7.7, Partial Surrenders.

Section 5: Premiums and Reinstatement

5.1 Payment

You must pay your first premium when the policy is delivered. Subsequent premiums may be paid at any time. There is no insurance coverage until we receive the first premium. All premiums after the first must be paid at the Home Office or to a representative authorized to receive premiums. We will furnish a receipt upon request.

5.2 Right to Refund

We will inform you if we receive a premium payment which affects the tax qualification of this policy as described in Section 7702 of the Internal Revenue Code, as amended. We will offer you the choice of a refund of the premium, or the option to increase the

specified amount subject to our underwriting requirements.

If you choose to increase the specified amount, and the Insured fails to meet our underwriting requirements for the required increase in coverage, we have the right to refund, with interest, any premium that would cause your policy to violate Section 7702.

5.3 Planned Premium Payments

The planned annual, semi-annual, quarterly or monthly premium payment as shown in Section 1, Policy Data.

5.4 Amount and Frequency

Planned premiums may be paid at twelve, six or three month intervals. They may also be paid monthly with our consent. You may change the amount and frequency of planned premium payments at any time. However, in order to keep the policy in force the premium you pay must be sufficient to prevent the policy from lapsing as described in Section 5.8, Grace Period.

The actual amount and frequency of premium payments affects the accumulated value and the amount and duration of insurance.

We have the right to limit the amount of any increase in premium payment.

5.5 Additional Premiums

You may pay additional premiums at any time. We reserve the right to limit the number and amount of additional premium payments. We may require satisfactory evidence of insurability prior to accepting any additional premium payments that increases the amount of pure insurance protection.

Additional premiums are subject to the requirements of Section 5.2, Right to Refund, if such premium would require an increase in the death benefit under Section 7702 of the Internal Revenue Code, as amended.

5.6 Guaranteed Payment Period

The period of time, shown in Section 1, Policy Data, during which one of the following conditions must exist to prevent your policy from lapsing:

- 1) the cash surrender value of the policy on a monthly anniversary day must be sufficient to cover the monthly deduction; or
- 2) total premiums paid during the Guaranteed Payment Period must be at least equal to the sum of the Guaranteed Monthly Premiums for each month the policy has been in force under the Guaranteed Payment Period, plus loan balance incurred in the Guaranteed Payment Period and the total amount of partial surrenders taken during the Guaranteed Payment Period, as provided in Section 5.8, Grace Period.

5.7 Guaranteed Monthly Premium

If you pay the guaranteed monthly premiums as due, your policy will not lapse during the guaranteed payment period (assuming you do not make any policy loans or partial surrenders). Section 5.8, Grace Period, describes this in detail.

The guaranteed monthly premium will change if you increase the specified amount, add or delete any benefits provided by riders.

5.8 Grace Period

The conditions that will result in your policy lapsing will vary, as follows, depending on whether the guaranteed payment period, shown in Section 1, Policy Data, has expired.

During the Guaranteed Payment Period

The policy will lapse if there is no cash surrender value and if the accumulated premiums paid during the Guaranteed Payment Period as of each monthly anniversary day are less than:

$$X + Y + Z$$

"X" is the Guaranteed Monthly Premium (initial amount shown in Section 1, Policy Data), times the number of monthly anniversary dates during which the policy has been in the Guaranteed Payment Period.

"Y" is the amount of loan balance incurred in the Guaranteed Payment Period.

"Z" is the total amount of partial surrenders taken during the Guaranteed Payment Period.

We will provide a grace period of 31 days from the date your policy lapses to pay total premiums equal to or greater than $X + Y + Z$.

After the Guaranteed Payment Period

The policy will lapse if the cash surrender value on a monthly anniversary day will not cover the monthly deduction for the month beginning on that monthly anniversary day.

We will provide a grace period of 31 days from the date your policy lapses to pay a premium that will provide enough cash surrender value to cover the balance of the monthly deduction.

Section 7, Guaranteed Policy Values, describes the cash surrender value and monthly deduction. If the Insured dies during the grace period, we will pay the proceeds reduced by any past due monthly deductions.

5.9 Reinstatement

If the grace period expires without sufficient premiums being paid to prevent lapse, the policy may be reinstated within five years after the

expiration of the grace period. Your policy cannot be reinstated if it has been surrendered.

In order to reinstate we must receive:

- 1) satisfactory evidence of insurability of the Insured; and
- 2) payment of the premium amount which would have been sufficient to keep the policy from lapsing, as described in Section 5.8, Grace Period, with interest from the date of lapse; plus
 - a) three months of guaranteed monthly premium if the policy lapsed during the guaranteed payment period; or
 - b) three monthly deductions if the policy lapsed after the guaranteed payment period.

Interest at the loan interest rate, shown in Section 1, Policy Data, on any loan balance will be payable to the date of reinstatement. We will reinstate the policy on the monthly anniversary day after the date we approve the reinstatement.

If lapse occurs during the guaranteed payment period or during a time when any surrender charges are applicable, the balance of the guaranteed payment and surrender charge periods at the time of lapse will resume upon reinstatement.

If the policy lapses and it is reinstated, we cannot contest the reinstated policy after the policy has been in force during the Insured's lifetime for two years from the date of the reinstatement application.

Section 6: Policy Change Provisions

6.1 Right to Change

We require that the changes provided for in this section be made by written request. These changes may be made at any time the policy is in force.

6.2 Changes in Specified Amount

You may change the specified amount, subject to the conditions outlined below. Changes will be effective on the monthly anniversary day on or following the date we approve your application.

Decreases in the Specified Amount

We will apply any decrease first against any increases to the specified amount in the reverse order in which they were made. We will apply any remaining decrease against the initial specified amount.

We reserve the right to decline making any specified amount decrease that we determine would disqualify this policy as life insurance under applicable tax laws.

A decrease in the specified amount will not affect the surrender charge and will not decrease the guaranteed monthly premium that

is in effect during the guaranteed payment period shown in Section 1, Policy Data.

The specified amount remaining in force after any requested decrease may not be less than the minimum specified amount, shown in Section 1, Policy Data.

Increases in the Specified Amount

A request for an increase in the specified amount will be subject to the following requirements:

- 1) you must submit an application satisfactory to us;
- 2) you must submit evidence of insurability satisfactory to us;
- 3) the increased monthly deduction will not cause the policy to lapse, as described in Section 5.8, Grace Period, as of the effective date of the increase; and
- 4) any increase will be subject to our issue rules and limits at the time of increase.

After an increase, additional surrender charges will apply. We will send you an updated surrender charge schedule for the increase.

In addition, your policy will be subject to a new guaranteed payment period. (Any previous guaranteed payment period will terminate.) A new guaranteed monthly premium will be applicable during the new guaranteed payment period. We will send you current policy data after an increase in the specified amount.

6.3 Change in Coverage Option

If the coverage option is Option B, it may be changed to Option A. The new specified amount will be the death benefit as of the effective date of the change. The effective date of change will be the monthly anniversary day on or next following the date we receive and approve your application for change.

If the coverage option is Option A, you may change it to Option B subject to satisfactory evidence of insurability. The specified amount does not change. The new death benefit will be the specified amount plus the accumulated value. The effective date of change will be the monthly anniversary day on or following the date we approve your application for change.

We have the right to decline any coverage option change that we determine would cause this policy to not qualify as life insurance under applicable tax laws.

6.4 Changing Your Policy

Any change to your policy that is not provided for in this Section must be approved by us and signed by

our President, Vice President, Secretary or Assistant Secretary.

We will send you an amendment or endorsement for attachment to your policy showing the approved change. No agent has the authority to make any changes or waive any of the terms of your policy.

Section 7: Guaranteed Policy Values

7.1 Accumulated Value

On each monthly anniversary day the accumulated value will be equal to:

$$A + B + C - D - E$$

On any day other than a monthly anniversary day, the accumulated value will be equal to:

$$A + B + C - D$$

"A" is the accumulated value on the preceding monthly anniversary day.

"B" is the net premiums we have received since the preceding monthly anniversary day.

"C" is interest on "A" from the preceding monthly anniversary day plus interest on each net premium in "B" from the date we received each premium at our home office.

"D" is all accumulated value reductions due to partial surrenders since the preceding monthly anniversary day and a pro rata portion of one month's interest on each to the date of calculation.

"E" is the monthly deduction, as described in Section 7.3, Monthly Deduction.

7.2 Interest Rate

We will credit at least the guaranteed interest rate, shown in Section 1, Policy Data, in the calculation of the accumulated value. We may credit an interest rate in excess of the guaranteed rate.

The interest rate we apply to the accumulated value securing any policy loan is the guaranteed interest rate shown in Section 1, Policy Data. We may credit an interest rate in excess of the guaranteed rate.

7.3 Monthly Deduction

We will make a monthly deduction from the accumulated value on each monthly anniversary day equal to the sum of the following:

- 1) the cost of insurance, as described in Section 7.4, Cost of Insurance;
- 2) the monthly expense charges as shown in Section 1, Policy Data; and
- 3) the cost of any additional benefits provided by riders for the policy month.

7.4 Cost of Insurance

The cost of insurance rates we use will not exceed those shown in Section 2, Monthly Cost of Insurance Rates, of the policy.

The cost of insurance on any monthly anniversary day is equal to:

$$\frac{Q \times (R - S)}{1000}$$

"Q" is the cost of insurance rate (as described below.)

"R" is the Insured's death benefit on that day discounted for one month at a rate not less than the guaranteed interest rate, shown in Section 1, Policy Data.

"S" is the accumulated value, as described in Section 7.1, Accumulated Value, prior to subtracting the cost of insurance.

If the coverage option as shown in the most recent Section 1, Policy Data is Option A and if there have been increases in the specified amount, the accumulated value of this policy described in "S" above will be allocated between the specified amount provided under the original application and subsequent increases. The accumulated value will be allocated first to the specified amount provided under the original application with any excess allocated to any increases in the order in which they were made

We determine the cost of insurance rates based on the Insured's age, number of completed policy years, sex, and risk class. We guarantee that these rates will never exceed the guaranteed cost of insurance rates shown in Section 2, Monthly Cost of Insurance Rates, except as described below for special risk classes.

We will make any change in the current cost of insurance rates on a uniform basis for Insureds of the same age, sex and risk class whose policies have been in force the same length of time. We will never increase the current cost of insurance rates to recover losses incurred, or decrease them to distribute gains realized by us prior to the change.

The guaranteed maximum rates shown in Section 2, Monthly Cost of Insurance Rates, are based on the mortality table shown in Section 1, Policy Data. We will adjust the guaranteed maximum cost of insurance rates appropriately for special risk classes.

7.5 Cost of Additional Benefits Provided by Riders

The cost of additional benefits provided by riders is shown in Section 1, Policy Data.

7.6 Cash Surrender

You may surrender this policy for its cash surrender value at any time by submitting a written notice or written request to us.

The cash surrender value of this policy is:

- 1) the accumulated value of this policy at the time of surrender; less
- 2) any applicable surrender charge; less
- 3) any loan balance.

We will also refund any cost of insurance deducted for the period beyond the date of policy surrender.

We have the right to postpone making a surrender payment to you for up to six months from the day we receive your request.

If you request a surrender under this provision within 31 days after a policy anniversary, the cash surrender value will be at least equal to the cash surrender value on that anniversary, less any loan balance or partial surrenders made on or after such anniversary.

Certain federal income tax consequences may apply to cash surrenders. You should consult with your tax advisor before requesting any surrenders.

7.7 Partial Surrenders

You may surrender a portion of the cash surrender value and have the proceeds paid to you in a lump sum. A partial surrender must occur before the death of the Insured. The partial surrender amount will be the proceeds plus the partial surrender fee shown in Section 1, Policy Data. We will deduct the partial surrender amount from the cash surrender value on the day we receive written notice for the partial surrender.

In addition, under Option A, we may reduce the specified amount. The amount of this reduction will be the partial surrender amount minus the excess, if any, of the death benefit over the specified amount at the time partial surrender is made. If the partial surrender amount is less than or equal to such excess, we will not reduce the specified amount. We reserve the right to require that the specified amount remaining in force after any partial surrender be at least equal to the minimum specified amount, shown in Section 1, Policy Data.

Under Option B, the specified amount is not reduced by a partial surrender.

We reserve the right to reject a partial surrender request if the partial surrender would disqualify the policy as life insurance under applicable tax laws.

We have the right to postpone making a partial surrender payment to you for up to six months from the day we receive your request.

Certain federal income tax consequences may apply to partial surrenders from the policy. You should consult with your tax advisor before requesting any partial surrenders.

7.8 Continuation of Insurance

If your policy lapses, as described in Section 5.8, Grace Period, we will apply the cash surrender value to continue the benefits provided by this policy and any additional benefits provided by riders for a portion of the next month.

7.9 Basis of Computation

We will base guaranteed values on the guaranteed interest rate and the mortality table shown in Section 1, Policy Data.

Guaranteed values under this policy are equal to, or greater than, the minimum values required by law of the state in which your policy is delivered. Where required, we have filed a detailed statement of the method of computing these values with the insurance department of that state.

Section 8: Loans

8.1 Policy Loans

You may obtain a policy loan by submitting a written notice or written request to us. This policy assigned to us is the only security needed.

We have the right to postpone making a loan payment to you for up to six months from the day we receive your request.

You may repay your loan balance in full or in part while your policy is in force prior to the death of the Insured. Repayments must be clearly marked as "loan repayments" or we will credit them as premiums. We have the right to not accept partial loan repayments for amounts less than \$25.

A loan balance that exists at the end of the grace period may not be repaid unless this policy is reinstated.

8.2 Amount of Loan Available

The amount of loan available will be equal to the cash surrender value of the policy less any loan interest to the next policy anniversary.

8.3 Loan Interest

We will charge interest on any loan balance from the date of the loan at the rate shown in Section 1, Policy Data. We may establish a lower rate for any period for which the loan balance is outstanding.

Interest is payable at the end of each policy year and on the date the loan balance is repaid. If interest is not received by the policy anniversary, we will increase the loan by that amount.

8.4 Loan Balance

Loan balance means all unpaid policy loans and accrued loan interest. We will deduct any outstanding loan balance from the policy proceeds.

Your policy is terminated whenever your cash surrender value after taking a policy loan is no longer sufficient to pay the monthly deduction. We will mail notice to your last known address recorded with us and to the holder of any assignment of record at least 31 days before such termination.

Section 9: Other Policy Provisions

9.1 Contract

This policy and application and any supplemental applications are the entire contract. This policy is issued in consideration of the application and payment of the premiums. We will attach a copy of any application when we issue the policy and will attach or endorse on the policy any supplemental applications when the supplemental coverage becomes effective.

In the absence of fraud, all statements made in any applications either by you or by the Insured will be considered representations and not warranties. We may use statements to contest a claim or the validity of this policy only if they are contained in an application.

9.2 Incontestability

After this policy has been in force during the Insured's lifetime for two years from the policy date, we cannot contest this policy, except if the policy lapses as described in Section 5.8, Grace Period.

We will not contest any increase in the specified amount after the increase has been in force during the Insured's lifetime for two years following the effective date of the increase.

9.3 Suicide

If the Insured dies by suicide, while sane or insane, within two years of the policy date, the amount payable by us will be equal to the total premiums paid on the Insured's policy less any loan balance and partial surrenders.

If the Insured dies by suicide, while sane or insane, within two years after the effective date of any increase in the specified amount, the amount payable by us associated with such increase will be limited to the cost of insurance associated with the increase.

9.4 Age and Sex

If, while this policy is in force and the Insured is alive, it is determined that the age or sex of the Insured as stated in Section 1, Policy Data, is not correct, we will adjust the accumulated value under this policy. The adjustment to the accumulated value will be the difference between the following two

amounts accumulated at the interest rates that were credited to the accumulated value. The two amounts are:

- 1) the cost of insurance deductions that have been made; and
- 2) the cost of insurance deductions that would have been made at the correct age and sex.

If, after the death of the Insured and while this policy is in force, it is determined that the age or sex of the Insured as stated in Section 1, Policy Data is not correct, the death benefit will be the amount of insurance that the most recent cost of insurance deductions at the correct age and sex would have provided plus the accumulated value on the date of death less any loan balance.

9.5 Termination of Coverage

Coverage under this policy terminates when any of the following events occur:

- 1) you request that coverage terminate;
- 2) the Insured dies;
- 3) the policy reaches the maturity date; or
- 4) the policy lapses, as described in Section 5.8, Grace Period, and the grace period ends without sufficient premiums being paid.

9.6 Nonparticipating

This policy is nonparticipating. It will not participate in any of our profits, losses or surplus earnings.

9.7 Annual Report

At least annually we will send you a report showing the following:

- 1) the accumulated value;
- 2) the cash surrender value; and
- 3) any other information required by law or regulation.

Upon receiving your written notice or written request, we will send you a report at any other time during the year for a reasonable charge as determined by us.

9.8 Projection Report

If you request, we will send you a projection report for a reasonable charge as determined by us. This report will contain information regarding the future values of your policy. We will base projections on: current specified amount; assumed factors such as current interest rate; and planned premium payments. We will base these assumptions upon information currently in effect.

Section 10: Control of Policy

10.1 Ownership

The Insured is the owner unless otherwise provided in the application or in the last ownership designation filed with us. As owner, you may exercise every right provided by your policy. These rights and privileges end at the Insured's death.

The consent of the beneficiary is required to exercise these rights if you have waived the right to change the beneficiary.

10.2 Change of Ownership

You may change the ownership of this policy by giving written notice. The change will be effective on the date your request was signed, but will have no effect on any payment made or other action taken by us before we receive it. We may require that the policy be submitted for endorsement to show the change.

10.3 Assignment

An assignment is a transfer of some or all of your rights under this policy. No assignment will be binding on us unless made in writing and filed at our Home Office. We assume no responsibility for the validity or effect of any assignment.

10.4 Beneficiary

The beneficiary is shown on the application or in the last beneficiary designation filed with us. Death proceeds will be paid to the beneficiary except as provided in this section.

If any beneficiary dies before the Insured, that beneficiary's interest will pass to any other beneficiaries according to their respective interests.

If all beneficiaries die before the Insured, we will pay the death proceeds to you, if living, otherwise to your estate or legal successors.

Unless you have waived the right to do so, you may change the beneficiary by filing a written notice or written request in a form satisfactory to us. In order to be effective, the request for change of beneficiary must be signed while your policy is in force and the Insured is living. The change will be effective on the date your request was signed but will have no effect on any payment made or other action taken by us before we receive it.

The interest of any beneficiary will be subject to:

- 1) any assignment of this policy which is binding on us; and
- 2) any optional settlement agreement in effect at the Insured's death.

10.5 Simultaneous Death of Beneficiary and Insured

We will pay death proceeds as though the beneficiary died before the Insured if:

- 1) the beneficiary dies at the same time as or within 15 days of the Insured's death; and
- 2) we have not paid the proceeds to the beneficiary within this 15-day period.

Section 11: Payment of Proceeds

11.1 Payment Options

You may apply death benefits, maturity or full surrender proceeds of \$2,000 or more which are payable under this policy to any of the following options:

Option 1. Interest Payments

We will make interest payments to the payee annually or monthly as elected. We will pay interest on the proceeds at the guaranteed rate of 1.5% per year and this may be increased by additional interest paid annually. The proceeds and any unpaid interest may be withdrawn in full at any time.

Option 2. Installments of a Specified Amount

We will make annual or monthly payments until the proceeds plus interest are fully paid. We will pay interest on the proceeds at the guaranteed rate of 1.5% per year and this may be increased by additional interest.

Option 3. Installments for a Specified Period

Payment of the proceeds may be made in equal annual or monthly payments for a specified number of years. We will pay interest on the proceeds at the guaranteed rate of 1.5% per year and this may be increased by additional interest. The amount of each payment is shown in Table A.

Option 4. Life Income

We will pay an income during the payee's lifetime. You may choose a minimum guaranteed payment period which guarantees continued payments for the minimum amount of time selected, even if the payee dies before we make the guaranteed number of payments. We will continue payments under the Installment Refund Option until the total income payments paid equal the proceeds applied. The amount of each payment is shown in Table B.

Option 5. Joint and Survivor Income

We will pay an income during the lifetime of two persons and will continue to pay the same income as long as either person is living. The minimum guaranteed payment period will be ten years. The amount of each payment is shown in Table C.

If the payout rates in use by us at the time proceeds become payable are more favorable than those shown in Options 4 and 5, we will provide a life income using the more favorable rates.

11.2 Payee

The payee is the person receiving proceeds under a payment option. The payee can be you, the Insured or a beneficiary. We will require satisfactory proof of the payee's age under Options 4 and 5.

The contingent payee is the person named to receive proceeds if the payee is not alive.

11.3 Minimum Payments

The payment under any payment option must be at least \$50. We may make payments less frequently so that each payment is at least \$50.

11.4 Choice of Options

You may choose an option by written notice during the Insured's lifetime. If a payment option is not in effect at the Insured's death, the beneficiary may make a choice.

11.5 Availability of Options

We have the right to restrict these options if you designate an executor, administrator, trustee, corporation, partnership or association as the payee.

11.6 Operative Date

The first payment will be payable on the payment mode following the date proceeds become payable.

11.7 Death of Payee

At the death of the payee, any payments remaining will be paid according to the terms of the payment option chosen, unless the contingent payee elects in writing to receive the present value of any remaining guaranteed payments in a lump sum.

If a contingent payee has not been named or does not survive the payee, the following amounts will be paid in one sum to the estate of the payee:

- 1) any amount left on deposit under Option 1; and
- 2) the present value of any remaining guaranteed payments under Options 2 through 5.

If you have not named a contingent payee, or if every contingent payee named by you dies before the payee, you may, by written notice, name a new contingent payee. The new contingent payee will receive any amount that would otherwise have been payable to the payee's estate.

11.8 Claims of Creditors

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

TABLE A - INSTALLMENT OPTION*
for each \$1,000 of Proceeds Applied

Term of Years	Annual	Monthly	Term of Years	Annual	Monthly	Term of Years	Annual	Monthly
1	\$1000.00	\$84.47	11	97.83	8.21	21	55.04	4.62
2	503.72	42.26	12	90.33	7.58	22	52.91	4.44
3	338.31	28.39	13	83.98	7.05	23	50.97	4.28
4	255.61	21.45	14	78.55	6.59	24	49.19	4.13
5	206.00	17.28	15	73.84	6.20	25	47.55	3.99
6	172.93	14.51	16	69.72	5.85	26	46.04	3.86
7	149.32	12.53	17	66.09	5.55	27	44.65	3.75
8	131.61	11.04	18	62.86	5.27	28	43.35	3.64
9	117.84	9.89	19	59.98	5.03	29	42.15	3.54
10	106.83	8.96	20	57.38	4.81	30	41.02	3.44

TABLE B - LIFE INCOME OPTIONS*
Monthly Income for each \$1,000 of Proceeds Applied

Age	MALE				FEMALE			
	Minimum Guaranteed Payment Period				Minimum Guaranteed Payment Period			
	None	120 Months	240 Months	Installment Refund	None	120 Months	240 Months	Installment Refund
50	\$3.01	\$2.99	\$2.92	\$2.75	\$2.77	\$2.76	\$2.73	\$2.62
51	3.07	3.05	2.97	2.80	2.83	2.82	2.78	2.66
52	3.14	3.12	3.03	2.85	2.89	2.87	2.83	2.70
53	3.21	3.19	3.08	2.90	2.95	2.93	2.88	2.75
54	3.29	3.26	3.14	2.95	3.01	3.00	2.94	2.80
55	3.37	3.34	3.20	3.00	3.08	3.06	3.00	2.85
56	3.45	3.42	3.27	3.06	3.15	3.13	3.05	2.90
57	3.54	3.50	3.33	3.11	3.23	3.21	3.12	2.95
58	3.64	3.59	3.39	3.17	3.31	3.28	3.18	3.01
59	3.74	3.68	3.46	3.23	3.39	3.36	3.24	3.06
60	3.85	3.78	3.52	3.30	3.48	3.45	3.31	3.12
61	3.96	3.88	3.59	3.36	3.58	3.54	3.38	3.19
62	4.08	3.99	3.65	3.43	3.68	3.63	3.45	3.25
63	4.21	4.11	3.72	3.51	3.79	3.73	3.52	3.32
64	4.35	4.23	3.79	3.58	3.90	3.84	3.59	3.39
65	4.50	4.35	3.85	3.66	4.02	3.95	3.66	3.47
66	4.66	4.48	3.91	3.74	4.15	4.07	3.74	3.54
67	4.83	4.62	3.97	3.83	4.29	4.19	3.81	3.63
68	5.01	4.76	4.03	3.91	4.44	4.33	3.88	3.71
69	5.20	4.91	4.08	4.00	4.60	4.46	3.94	3.80
70	5.41	5.06	4.13	4.10	4.78	4.61	4.01	3.89
71	5.62	5.22	4.18	4.20	4.96	4.76	4.07	3.99
72	5.85	5.38	4.23	4.30	5.17	4.93	4.13	4.09
73	6.10	5.54	4.26	4.41	5.39	5.09	4.18	4.19
74	6.36	5.71	4.30	4.52	5.62	5.27	4.23	4.30
75	6.65	5.88	4.33	4.63	5.88	5.45	4.27	4.42

TABLE C - JOINT AND SURVIVOR OPTION*
Monthly Income - Ten Year Guaranteed Payment Period
for Each \$1,000 of Proceeds Applied

Male Age	Female Age					
	50	55	60	65	70	75
50	\$2.52	\$2.64	\$2.75	\$2.83	\$2.89	\$2.94
55		2.76	2.92	3.05	3.16	3.24
60			3.07	3.28	3.45	3.59
65				3.49	3.76	3.99
70					4.04	4.41
75						4.78

*Amounts not shown for available options will be furnished on request.



***Flexible Premium Adjustable Death Benefit Life
Insurance Policy – Nonparticipating***

Adjustable death benefit. Death proceeds payable at death of Insured prior to maturity date. Cash surrender value, if any, payable on maturity date. Flexible premiums payable until the maturity date or prior death of Insured.

If you have any questions concerning this policy or if anyone suggests that you change or replace this policy, please contact your Kansas City Life agent or the Home Office of the Company.



**KANSAS CITY LIFE
INSURANCE COMPANY**

Guaranteed Death Benefit Rider

Benefit

This rider guarantees that when the lapse protection feature provided by this rider is in effect, the policy's specified amount and any rider benefits on your policy will not be terminated by us prior to their expiration date, regardless of the cash surrender value. The guarantee is subject to the terms and conditions outlined in this rider.

Lapse Protection Feature

The lapse protection feature is in effect for the following month only after the initial Guaranteed Payment Period and if the lapse protection balance at any monthly anniversary day is not less than zero.

Lapse Protection Balance

The "lapse protection balance" is equal to (A) times (B + C - D) where:

"A" is 1.00 plus the applicable lapse protection Monthly Accumulation Factor (as shown in column (f) of the Table of Lapse Protection Factors shown in Section 1, Policy Data of the policy);

"B" is the lapse protection balance on the immediately preceding monthly anniversary day;

"C" is any applicable lapse protection balance increase. The lapse protection balance increase is determined in accordance with footnote 2 of the Table of Lapse Protection Factors shown in Section 1, Policy Data of the policy, and is based on any premium received since the immediately preceding monthly anniversary day; and

"D" is any applicable lapse protection balance reduction. The lapse protection balance reduction is determined in accordance with footnote 3 of the Table of Lapse Protection Factors shown in Section 1, Policy Data of the policy for the immediately preceding policy month.

The lapse protection balance on the policy date is equal to zero. On any monthly anniversary day after

the policy date, the lapse protection balance can be greater than, less than or equal to zero.

On any monthly anniversary day, if the lapse protection balance equals or exceeds zero, the lapse protection feature will be in effect from the monthly anniversary day in question to the next monthly anniversary day.

Unpaid Monthly Deductions

If there are monthly deductions that remain unpaid due to insufficient value, we will deduct such charges when there is sufficient accumulated value to pay them.

General Provisions

The following provisions apply to this rider:

- 1) this rider is made a part of the policy to which it is attached;
- 2) this benefit is subject to all the provisions of this rider and the applicable policy provisions; and
- 3) this rider may not be reinstated after the policy terminates.

Cancellation

You may cancel this rider as of any monthly anniversary day. Your request must be in writing and filed with us prior to the monthly anniversary day. We may require that the contract be submitted for endorsement to show the cancellation.

Termination of Rider

This rider terminates on the earliest of:

- 1) the date the policy terminates for any reason;
- 2) the date this rider is cancelled by you;
- 3) the date the specified amount of the policy is increased;
- 4) the date the coverage option is changed; or
- 5) the date any other riders are added to this policy.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219139, Kansas City, MO 64121-9139.

Secretary

President

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	KCLF-125605198	State:	Arkansas
Filing Company:	Kansas City Life Insurance Company	State Tracking Number:	39082
Company Tracking Number:	J178		
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	J178		
Project Name/Number:	J178/J178		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/10/2008

Comments:

Attachments:

Regulation 19 Cert.pdf
Regulation 49 Cert.pdf
Consumer Info Compliance.pdf
Regulation 34 Cert.pdf

Review Status:

Satisfied -Name: Application 04/10/2008

Comments:

The application to be used is Form No. A130-U approved by your Department on 01/09/1995.

Attachment:

A130u.pdf

Review Status:

Bypassed -Name: Health - Actuarial Justification 04/10/2008

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Outline of Coverage 04/10/2008

Bypass Reason: N/A

Comments:

Review Status:

Satisfied -Name: Actuarial memorandum 05/22/2008

Comments:

Attachments:

LP3 Act Memo.pdf

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Appendix LP3 SC MNT.pdf

LP3 Rider Act Memo.pdf

<i>SERFF Tracking Number:</i>	<i>KCLF-125605198</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kansas City Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39082</i>
<i>Company Tracking Number:</i>	<i>J178</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>J178</i>		
<i>Project Name/Number:</i>	<i>J178/J178</i>		

Review Status:

Satisfied -Name: Illustration Certifications

05/22/2008

Comments:

Attachment:

Illustration Certifications.pdf


**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Flexible Premium Adjustable Death Benefit Life Insurance Policies

FORM NUMBER(S): J178-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 19, as well as the other laws, rules and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Jill Daniel", written over a horizontal line.

Jill Daniel
Assistant Vice President
Kansas City Life Insurance Company

Date: May 22, 2008

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Flexible Premium Adjustable Death Benefit Life Insurance Policies

FORM NUMBER(S): J178-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 49, as well as the other laws, rules and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Jill Daniel", is written over a horizontal line.

Jill Daniel
Assistant Vice President
Kansas City Life Insurance Company

Date: May 22, 2008


STATE OF ARKANSAS
Consumer Information Notice
COMPLIANCE CERTIFICATION

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Flexible Premium Adjustable Death Benefit Life Insurance Policies

FORM NUMBER(S): J178-AR

I hereby certify that to the best of my knowledge and belief, the above forms and submissions is in compliance with ACA 23-79-138 and Bulletin 11-88, as well as the other laws, rules and regulations of the State of Arkansas.



Jill Daniel
Assistant Vice President
Kansas City Life Insurance Company

May 22, 2008

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Kansas City Life Insurance Company

FORM TITLE(S): Flexible Premium Adjustable Death Benefit Life Insurance Policies

FORM NUMBER(S): J178-AR

I hereby certify that to the best of my knowledge and belief, the above form and submission is in compliance with Regulation 34, as well as the other laws, rules and regulations of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Jill Daniel", written over a horizontal line.

Jill Daniel
Assistant Vice President
Kansas City Life Insurance Company

Date: May 22, 2008



KANSAS CITY LIFE
INSURANCE COMPANY

Application for Insurance

Personal Data

Proposed Insured Information

Full Name _____

 First Middle Last

State of Birth _____ SSN _____

Former Full Name _____

 First Middle Last

Street Address _____ City _____ State _____ Zip _____

Home Phone No. () _____ Driver's License No. _____ State Issued _____

Occupation and Duties _____ Work Phone No. () _____ Years Employed _____

Employer _____ Street Address _____

 City _____ State _____ Zip _____

Best Place to Call _____ Best Time to Call _____
 (If employed less than 2 years, complete employment information listed below)

Former Employer _____ Occupation and Duties _____

Ownership Information

(Insured will be Owner, unless otherwise stated)

Primary Owner _____

 First Middle Last

State of Birth _____ SSN or Tax ID _____ Relationship to Insured _____

Street Address _____ City _____ State _____ Zip _____

Successor Owner _____ Relationship to Insured _____
 (If multiple successor Owners, show order and distribution in Special Requests.)

Applicant Information

(Please complete the following information if the applicant is someone other than the Insured or Owner.)

Applicant _____

 First Middle Last

Street Address _____ City _____ State _____ Zip _____

Beneficiary Information *(with right to change)

Primary Beneficiary - First and Last Name _____ Relationship to Insured _____

Contingent Beneficiary - First and Last Name _____ Relationship to Insured _____

* Unless otherwise stated, benefits are payable equally to the named beneficiary(s) or to the survivor or survivors.

Special Requests (Policy date, alternate or additional policy, existing PAC or CB number, etc.) **Home Office Endorsements****PLAN DATA****Life Insurance**

Plan Name _____ Specified/Face Amount \$ _____ Coverage ☐ A
Option ☐ B

Planned/Annual Premium \$ _____ Automatic ☐ Yes Proposed Risk Class _____
Premium Loan ☐ No

Special Class _____ Reason for Special Class Premium _____
Premium \$ _____

Riders/Benefits

☐ Disability Continuance of Insurance (UL only) ☐ Cost of Living (UL only) ☐ Assured Insurability \$ _____
☐ Disability Payment of Premium (UL only) ☐ Pension Increase (UL only) ☐ Survivorship Purchase Option _____
☐ Guaranteed Endowment (UL only) ☐ Extra Protection Rider (UL only) \$ _____ ☐ Spouse's Term _____ units
☐ Terminal Illness (UL only) ☐ Waiver of Premium (Non UL) ☐ Children's Term _____ units
☐ Other Insured Coverage (UL only) ☐ Other _____
(Complete information below)

Other Insureds (OI)

	Full Name	Marital Status	Specified Amount
1st OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
2nd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
3rd OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
4th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____
5th OI	_____	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker	\$ _____ <input type="checkbox"/> ADB \$ _____

First Middle Last

Complete the following for all Other Insureds. If years employed is less than 2, show prior occupation in Special Requests. If any information is identical to the Primary Insured's, write **Same**.

	Social Security Number	State of Birth	Occupations and Exact Duties	Employer's Name and Address	Yrs. Emp.
1st OI	_____	_____	_____	_____	_____
2nd OI	_____	_____	_____	_____	_____
3rd OI	_____	_____	_____	_____	_____
4th OI	_____	_____	_____	_____	_____
5th OI	_____	_____	_____	_____	_____

	Street Address, City, State, Zip	Telephone No. <input type="checkbox"/> (home) <input type="checkbox"/> (work)	Most Convenient Time and Place to Contact	Driver's License Number & State Issued
1st OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
2nd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
3rd OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
4th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____
5th OI	_____	() <input type="checkbox"/> (home) <input type="checkbox"/> (work)	_____	_____

Annuities

Plan Name _____

☐ Single Premium Annual Premium \$ _____
☐ Flexible Premium

* ☐ Non-qualified ☐ IRA ☐ Money Purchase ☐ Variable
Market ☐ 501(c)(3)(TSA) ☐ SEP ☐ Profit Sharing ☐ Fixed
☐ HR10 ☐ 401(k) ☐ 403(b) ☐ Other _____

☐ Yes Amount of Are any funds the result of a ☐ Yes
Rollover ☐ No Transfer \$ _____ transfer from a Qualified Plan ☐ No

* If the Owner is other than the Annuitant, the beneficiary, in the event of the Owner's death, will automatically be the Annuitant unless otherwise specified below.

Owner's Beneficiary _____ Relationship to Owner _____

BILLING INFORMATION

Premium Mode ☐ Ann ☐ SA ☐ Qtly ☐ Mo ☐* PAC ☐ GA ☐ CB ☐ FAP ☐ Single ☐ Other _____

* ☐ I request Kansas City Life to withdraw the **initial** monthly premium from my checking account to pay the premium on this policy.

Premium Notices to ☐ Owner ☐ Other (If other, give name and address below) _____
☐ Primary Insured

Modal Premium Amount for Other Financial Services \$ _____ Branch of Service for GA _____

Payor's SSN for Government Allotment _____

Credit Card Information for Initial Premium

☐ VISA Account Number _____
Bankcard ☐ Mastercard

Name Shown on Card _____ Expiry Date _____

REPLACEMENT

- Will any existing life, health or annuity contract be lapsed, reissued, surrendered, or converted (to reduce amount, premium or period of coverage including surrender options) if the proposed policy is issued? ☐ Yes ☐ No
- Will the proposed policy be financed by loans from this or any other policy? ☐ Yes ☐ No
If **Yes**, give name of company(ies) or amount(s) _____
- Will the proposed policy be part of an IRC Section 1035 Exchange? ☐ Yes ☐ No

EVIDENCE OF INSURABILITY

Insurance History

Proposed Insured(s)	Company	Year Issued	Insurance Amount	ADB Amount
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

- In the **past 3 years** have any of the Proposed Insureds applied for life or health insurance or reinstatement thereof without receiving it exactly as requested? ☐ Yes ☐ No
- Do any of the Proposed Insureds have an application for life or health insurance pending in any other company or intend to apply for such insurance within the next 10 days? ☐ Yes ☐ No

Details to all **Yes** answers: _____

Non Medical Underwriting Questions

Questions apply to all Proposed Insureds.

1. Do any of the family members listed on this application live outside the Primary Insured's household?..... ☐ Yes ☐ No
2. Are any Proposed Insureds not a U.S. citizen? ☐ Yes ☐ No
If **Yes**, how long has(have) the Proposed Insured(s) been in the United States? _____
What type Visa? _____ Visa Number? _____
3. Have any of the Proposed Insureds in the last 12 months, or do any of the Proposed Insureds within the next 24 months, intend to travel or reside outside the continental U.S. or Canada? If **Yes**, explain below. ☐ Yes ☐ No
4. In the **past 3 years**, has any Proposed Insured:
 - a. been cited or convicted for any moving motor vehicle violations? If **Yes**, explain below. ☐ Yes ☐ No
 - b. had a driver's license suspended or revoked? If **Yes**, explain below. ☐ Yes ☐ No
 - c. flown as a pilot, co-pilot, or crew member of an aircraft? If **Yes**, complete the Aviation Questionnaire. ☐ Yes ☐ No
 - d. engaged in sky or scuba diving, hang gliding, racing or any other hazardous sport or hobby? If **Yes**, complete the Avocations Questionnaire. ☐ Yes ☐ No
5. Has any Proposed Insured ever been convicted of a felony? If **Yes**, explain below. ☐ Yes ☐ No
6. For Proposed Insured **(a)** and Other Insureds **(b)**, is there any **family history** of diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, suicide or stroke? If **Yes**, explain below. ☐ Yes ☐ No

Relationship	Age if Living		Family History or Cause of Death	Age at Death	
	a	b		a	b
Father					
Mother					
Brothers and Sisters					

Details to all **Yes** answers: _____

Juvenile Insurance (Age 0-17)

1. If any Proposed Insured(s) is(are) less than 1, what was birth weight? (name and birth weight) _____
2. If any Proposed Insured(s) is(are) age 5-15, what is grade in school? (name and grade) _____
3. Are all children insured equally? ☐ Yes ☐ No If **No**, please explain. _____
4. Amount of insurance in force on father \$ _____
5. Amount of insurance in force on mother \$ _____

Financial Information

Complete For Personal Insurance Sales

Purpose of insurance ☐ Family Income Protection ☐ Estate Planning ☐ College Savings ☐ Other _____
(Check all that apply) ☐ Mortgage Protection ☐ Retirement Savings ☐ Final Expenses

Annual earned income (Include Salary, Bonus, Commissions)

☐ Proposed Insured \$ _____ ☐ Other Insured \$ _____
☐ Spouse \$ _____ ☐ Family net worth \$ _____
(Total assets minus total liabilities)

Has(Have) the Proposed Insured(s) ever filed bankruptcy? ☐ Yes ☐ No

If **Yes**, please provide type (Chapter ☐ 7, ☐ 11, ☐ 13) and date closed. _____

Spouse's Occupation _____ Amount of life insurance in force on Spouse \$ _____

Complete For Business Insurance Sales

Purpose of insurance ☐ Key Person ☐ Buy/Sell ☐ Other _____
(Check all that apply) ☐ Deferred Compensation ☐ Creditor

For the option(s) checked, how was
amount of insurance determined? _____

(Please provide documentation)

Annual earned income of Proposed Insured \$ _____ Proposed Insured's ownership of company _____ %

Are other owners, officers or key persons being insured? ☐ Yes ☐ No If **No**, please explain. _____

Total assets of company \$ _____ Total liabilities of company \$ _____

Net worth of company \$ _____ Net income of company after taxes last fiscal year \$ _____

Has company ever filed bankruptcy? ☐ Yes ☐ No If **Yes**, please provide type (Chapter ☐ 7, ☐ 11, ☐ 13) and date closed. _____

HEALTH STATEMENT

[illegible]

***Questions apply to all Proposed Insureds**

1. Do you take prescription medicine?.....
2. Are you currently pregnant? Due Date?.....
3. Have you ever used or received treatment or counseling for the use of marijuana, heroin, cocaine, amphetamines, barbiturates, hallucinogenic agents or opium or its derivatives?
4. Have any of the Proposed Insureds used any form of nicotine/tobacco in the last 12 months? (i.e., cigar, pipe, smokeless tobacco, cigarettes, etc.).....
If cigarettes, how many packs per day?
5. Have you sought advice, been treated or arrested for the use of alcohol?

During the **last 5 years** have you:

6. been hospitalized or had medical advice, diagnostic tests recommended, or treatment by a physician or other medical practitioner?

During the **last 10 years** have you been diagnosed or treated for any disease or disorder of:

7. brain and nervous system - mental illness, epilepsy, seizures, stroke, paralysis?
8. sight or hearing?
9. blood - anemia or leukemia?
10. tumor or cancer?
11. heart/blood vessels - murmur, chest pain or pressure, palpitations, heart attack?
12. blood pressure?
13. thyroid or glandular trouble?
14. lungs - asthma, emphysema, tuberculosis?
15. digestive system - ulcer, intestines or rectum, polyps, colitis?
16. liver - elevated enzymes, cirrhosis, hepatitis?
17. diabetes - sugar in urine?
18. kidney/bladder or prostate - albumin, blood or pus in urine?
19. bone, joint, muscles, back or spine - arthritis?
20. breasts, uterus, ovaries?
21. menstruation or pregnancy?

Have you ever been diagnosed or treated for:

22. a sexually transmitted disease?
23. Acquired Immune Deficiency Syndrome (AIDS) or tested HIV positive?...

[illegible]

Names, addresses and phone numbers of personal or family physicians. (If none, list last physician, clinic or hospital consulted.) _____

Date and Reason
last consulted

Clinic or VA	
Claim Number	

Civilian Aviation Questionnaire

Name of Proposed Insured _____

As a pilot or student pilot, indicate the number of hours flown in command _____ Date of last flight _____

Type of license currently held ☐ Commercial ☐ Student ☐ Private

Do you hold a valid instrument rating? ☐ Yes ☐ No

Number of hours flown in the last 12 months _____ Number of hours flown in the last 12-24 months _____ Number of flying hours contemplated in next 12 months _____

Purpose of present and future flying ☐ Pleasure ☐ Personal Business ☐ Commercial ☐ Other (specify) _____

Type and class of aircraft flown ☐ Propeller ☐ Glider ☐ Home-Built ☐ Jet ☐ Balloon ☐ Ultralite ☐ Helicopter ☐ Hang Glider

Do you expect to engage in any of the following type of flying during the next 12 months? If **Yes**, state which and number of hours.

	<u>Hours</u>		<u>Hours</u>
<input type="checkbox"/> Scheduled Airlines	_____	<input type="checkbox"/> Pipeline Inspection	_____
<input type="checkbox"/> Nonscheduled Airlines	_____	<input type="checkbox"/> Air Taxi or Sight Seeing	_____
<input type="checkbox"/> Employer Owned Aircraft	_____	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Crop Dusting	_____	<input type="checkbox"/> Mapping	_____
<input type="checkbox"/> Water Bombing	_____	<input type="checkbox"/> Test or Inspection Flying	_____
<input type="checkbox"/> Student Instruction	_____	<input type="checkbox"/> Aerobatics	_____
<input type="checkbox"/> Charter Flying	_____	<input type="checkbox"/> Racing	_____
<input type="checkbox"/> Freight or Mail Carrying	_____	<input type="checkbox"/> Any Other for Pay Flying	_____
		Type	_____

Have you ever:

- a. been in an aircraft accident? ☐ Yes ☐ No If **Yes** to a., b., c., explain below in Additional Details.
- b. been grounded? ☐ Yes ☐ No
- c. been fined or reprimanded? ☐ Yes ☐ No

Do you have any operational limitations on your medical certificate? ☐ Yes ☐ No If **Yes**, explain below in Additional Details.

Do you contemplate any flying in Alaska? ☐ Yes ☐ No

Do you contemplate any flying outside the continental United States? ☐ Yes ☐ No If **Yes**, explain below in Additional Details.

If aviation required an extra premium or exclusion rider, which would you prefer? ☐ Extra Premium ☐ Exclusion Rider

Additional Details

Name of Proposed Insured _____

UNDERWATER DIVING

Frequency (Days) _____	Average Depth _____	Average Time (minutes) _____	Last 12 Months _____	1 to 2 Years Ago _____	Estimated Next 12 Months _____
	0-65 ft.				
	66-100 ft.				
Type <input type="checkbox"/> Scuba	101-150 ft.				
<input type="checkbox"/> Skin or snorkel	Over 150 ft.				

Purpose

- ☐ Recreation ☐ Wreck/Salvage/Retrieval ☐ Commercial
☐ Search/Rescue ☐ Instructor ☐ Other _____

Certification (Check highest certificate attained.)

- ☐ Basic ☐ Open-Water ☐ Advanced Open Water ☐ Dive Master/Instructor ☐ No Certificate

Locations

- ☐ Lakes ☐ Rivers ☐ Oceans
☐ Quarries ☐ Pools ☐ Other _____

Do you use the "buddy system"? ☐ Yes ☐ No Do you do any ice diving? ☐ Yes ☐ No

Do you do any cave diving? ☐ Yes ☐ No Date of last dive _____

PARACHUTING OR SKYDIVING

☐ Amateur Association _____
☐ Professional or club member ☐ Yes ☐ No
 Number of years _____ Date of last jump _____ Average number of jumps per year _____
 Do you compete for record attempts? ☐ Yes ☐ No Do you use experimental equipment? ☐ Yes ☐ No

AUTOMOBILE RACING

Type of vehicle used in races? _____ What is the maximum speed attained? _____ What is the average speed attained? _____
 Purposes of racing ☐ Amateur ☐ Both (give details) _____
 ☐ Professional _____
 How many races did you enter in the last 12 months? _____ How many races did you enter in the last 13-24 months? _____ How many races do you contemplate in the next 12 months? _____
☐ Championship (Indy Cars)
☐ Demolition
☐ Drag Racing (Circle ones that apply: Funny Car, Top Fuel, Pro Stock, Modified Production, Modified Super Stock, Pure Stock)
☐ Formula Racing (Circle ones that apply: Formula One, Superverve, Vee, Ford)
☐ Midget Car Racing
☐ Sports Car Racing (Circle ones that apply: CanAm, TransAm, Production, A, B, C, All American GT, Showroom Stock, Vintage Sports)
☐ Stock Car (Circle ones that apply: NASCAR Winston Cup Division, Winston Division, NASCAR Busch Grand National Division, NASCAR Modified Division, USAC Super Modified Division, Amateur, Street Stock, Hobby Division)
☐ Racing not covered above: Give type and details. _____

Other Avocations

(Please give details in Remarks section)

- | | | |
|---|--|--|
| <input type="checkbox"/> Ballooning | <input type="checkbox"/> Mountain or Rock Climbing | <input type="checkbox"/> Bungee Jumping |
| <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Motorboat or Powerboat Racing | <input type="checkbox"/> White Water Rafting |
| <input type="checkbox"/> Ultralite Flying | <input type="checkbox"/> Motorcycle Racing | <input type="checkbox"/> Other _____ |

Remarks

Name of Proposed Insured _____

Permanent Address (non-military residence) _____

STATUS

Branch of Service _____

Date entered active service _____ Present pay grade _____

Name and location of present unit _____

Have you or your unit been alerted for overseas assignment? ☐ Yes ☐ No

If **Yes**, where? _____

Usual duty assignment (i.e., Tank Mechanic, Cook, Radar Operator, etc.) _____

Do you qualify for hazardous duty pay? ☐ Yes ☐ No

If **Yes**, why? (i.e., flying duty, submarine duty, etc.). _____

Have you any reason to believe you will, within the next 90 days, be transferred or have you any knowledge of any change in activities? ☐ Yes ☐ No

If **Yes**, give details. _____

Military Aviation

How many total hours have you accumulated as a pilot or as a crew member? _____

Hours estimated next 12 months as a pilot or as a crew member? _____

Job title _____ Aviation activity and duties _____

Do you fly for proficiency only? ☐ Yes ☐ No

If **Yes**, specify hours flown and give full details. _____

Duty assignment (MAC, SAC, TAC, etc.) _____

Aircraft in which duties are performed (F4, B52, T28, HO-1, etc.) _____

Agreement and Signatures

It is understood and agreed as follows:

1. The statements and answers recorded in all parts of this application are true and complete.
2. No information regarding any Proposed Insured will be considered known by the Company unless explicitly set out in writing on this application.
3. This application, and the answers to any required medical exam, will become a part of any policy issued on it.
4. No agent has the authority to waive any of the Company's rights or rules, or to make or change any contract.
5. The insurance applied for will take effect only after the following occur while the Proposed Insured(s) is(are) living and his/her(their) health is as stated in this application: (1) the policy is delivered to the applicant; and (2) the first full premium is paid in cash. The only exception to this is provided in the Temporary Insurance Agreement if the agreement has been issued and the advance payment required by the agreement has been made.
6. Any changes or additions made by the Company in " Home Office Endorsements" will be ratified by the applicant's acceptance of any life insurance policy issued on this application. However, any change in the classification, amount of insurance, issue age, plan of insurance or any benefits will not be effective unless accepted in writing by me(us).
7. I(We) have received the Notice of Information Practices which explains my(our) rights under the Fair Credit Reporting Act.
8. I(We) have paid \$ _____ * to the agent in exchange for the Temporary Insurance Agreement and I(we) acknowledge that I(we) fully understand and accept its terms.

***All premium checks must be made payable to Kansas City Life Insurance Company
Do not make check payable to the agent or leave the payee blank.**

AUTHORIZATION: I(We) authorize the following to give information (defined below) to Kansas City Life or any person or group acting on the part of Kansas City Life: any medical professional, medical care institution, the Medical Information Bureau, Inc., insurer, reinsurer, government agency, consumer reporting agency or employer. "Information" means facts of: a medical nature in regard to my(our) physical or mental condition; employment; other insurance coverage; or any other non-medical facts. I(We) understand that this information will be used by Kansas City Life to determine eligibility for insurance. I(We) agree this Authorization is valid for two and one-half years from the date signed. I(We) know that I(we) have a right to receive a copy of this Authorization upon request. I(We) agree that a photographic copy of this Authorization is as valid as the original.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Dated at _____ this _____ day of _____, _____.

Primary Insured's Signature (if under 15, parent/guardian signature)

Applicant's Signature (if other than Primary Insured)

Spouse's Signature (if spouse coverage applied for)

First Other Insured's Signature (if over age 18)

Second Other Insured's Signature (if over age 18)

Third Other Insured's Signature (if over age 18)

Fourth Other Insured's Signature (if over age 18)

Fifth Other Insured's Signature (if over age 18)

Statement of Agent

I certify that the statements of the Primary Insured, applicant and any other Proposed Insured(s) have been correctly recorded in this application and that any premium payment shown in item 8 above has been collected by me and a Temporary Insurance Agreement given to the applicant.

To the best of my knowledge the insurance applied for in this application ☐ will ☐ will not replace existing insurance.

Were all Proposed Insureds seen by you at the time of application? ☐ Yes ☐ No If **No**, an examination may be required.

Agent Code Signature of Writing Agent

Agent Code Signature of Other Agent(s) (if split case)

Agency Code Agency



KANSAS CITY LIFE
INSURANCE COMPANY

Pre-Authorized Check Plan (PAC)

PAC Instructions:

1. This form is to be used to request the establishment of a new PAC plan or change banks or accounts under an existing PAC plan. Do not use this form to add a policy to an existing PAC plan. Instead, simply provide the existing PAC plan number in the Special Requests section of the application.
2. **Attach a personalized sample check from the account to be used.**
3. The total monthly premium on all policies in a PAC plan must be at least \$10.

Request for PAC: I request Kansas City Life Insurance Company to make monthly withdrawals from my checking account to pay premiums on this policy applied for, or to make monthly withdrawals from my checking account to pay premiums on the following additional pending applications. Name of Proposed Insured(s). (Include policy number if available.) _____

Draft Date: I request the Company to draw the PAC check or debit entry on or after the * _____ day of the month.

*Available draft days are the 1st through the 28th.

Account Information:

Payor's Name _____

Bank Name _____ Branch Name (if any) _____

☐ Checking ☐ Savings Account Number _____ Bank Transit Number _____

Address where account is maintained _____ City _____ State _____ Zip _____

Agreement for Automatic Premium Payments and Authorization to Honor Checks Drawn by the Company

It is agreed that:

1. This PAC plan does not change any policy provisions. The payors authorization is not in lieu of payment in cash of the first premium, and does not constitute advance payment required by the Temporary Insurance Agreement.
2. Upon 30 days written notice, this PAC plan may be stopped or changed at any time by the owner of any policy under this PAC plan, the Company or the payor.
3. Withdrawals will be made on or about the premium draft date shown above.
4. No premium notices or receipts will be sent. Debit entries or checks, when paid, will constitute receipts for premiums.
5. The privilege of paying premiums under this PAC plan may be revoked by the Company if any check or debit entry is not paid upon presentation.
6. The Company's rights in respect to each check and/or debit entry will be the same as if it were signed personally by me.
7. If any debit or check entry is dishonored, the Company will be under no liability whatsoever, even if such dishonor results in forfeiture of insurance.
8. I authorize the Company to pay and charge to my(our) account, debit entries or checks drawn by and payable to the order of the Company, provided there are sufficient collected funds present to pay same upon presentation. This authorization will remain in effect until revoked by me in writing, a copy of which will be sent to the Company. Until the Company receives such notice, I agree that the Company will be fully protected in honoring any such debit.

Date _____ Signature of Premium Payor _____



KANSAS CITY LIFE
INSURANCE COMPANY

To obtain further information contact:
New Business Department
Kansas City Life Insurance Company
PO Box 219371
Kansas City, MO 64121-9371

NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and issuing your contract. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living (except as may be related directly or indirectly to your sexual orientation) as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address above. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

We are committed to protecting the privacy of our customer's nonpublic personal information. We will only disclose our customer's nonpublic personal information: among the affiliated companies of the Kansas City Life Group; to provide services to our customers and administer our business; to market products; and as otherwise permitted by law. We may disclose our customer's nonpublic personal information to our agents and representatives to provide services to our customers and for marketing purposes. When we contract with other entities to provide support or marketing services, we will require them to adhere to our privacy standards.

Sometimes we acquire medical information about our customers, for instance, to underwrite an insurance contract or to process an insurance claim. We will keep our customer's medical information confidential. We will not share our customer's medical information even among the affiliated companies of the Kansas City Life Group without the customer's consent. We will only use or disclose our customer's medical information to underwrite insurance, process claims, administer our business, to comply with laws and regulations or as otherwise authorized by our customers.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our New Business Department, Kansas City Life Insurance Company, PO Box 219371, Kansas City, MO 64121-9371.

MIB, Inc. Notice

While the information you provide to us regarding you insurability is treated as confidential, Kansas City Life or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file.

Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is PO Box 105, Essex Station, Boston, MA 02112. Telephone (617) 426-3660.

We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

KANSAS CITY LIFE INSURANCE COMPANY
FLEXIBLE PREMIUM ADJUSTABLE DEATH BENEFIT
LIFE INSURANCE POLICY - NONPARTICIPATING

ACTUARIAL MEMORANDUM
Form J178

I. POLICY CHARACTERISTICS

Death Benefit

The death benefit is payable at the death of the Insured prior to the maturity date. The death benefit can be determined under one of three coverage options.

Option A: The death benefit is equal to the specified amount of insurance.

Option B: The death benefit consists of the accumulated value plus a level specified amount of insurance.

In all cases the net amount at risk is the death benefit less the accumulated value.

Cash Value Accumulation Test: The death benefit paid will be increased to the Corridor Death Benefit if greater than the amounts above. The Corridor Death Benefit is calculated by multiplying the contract value on the date of death of the insured by the applicable corridor percentage. This will ensure that the policy will continue to qualify as life insurance under IRS Section 7702, according to the Cash Value Accumulation Test.

Accumulated Value

The accumulated value is an accumulation with interest of the premium received less:

- (1) A monthly expense charge.
- (2) The cost of pure term insurance based upon the net amount at risk.

The monthly expense charge is made up of a percent of premium load, a per policy charge and a per thousand charge. The guaranteed percent of premium load is 15% of all premiums and the per policy charge is \$4.00 per month. The per thousand charge is level for all years and varies by sex, risk class and issue age (sample ages shown below).

Male, Standard Non-tobacco

<u>Issue Age</u>	<u>Annual per 1,000 charge</u>
25	3.00
35	3.25
45	5.00
55	8.50
65	10.75

Cash Surrender Value

The cash surrender value is the accumulated value less a surrender charge. The surrender charge is an amount per \$1,000 of initial specified amount which varies by duration, issue age, sex and risk classification of the Insured. The surrender charge period is seven years. From policy year 8 on there are no further surrender charges unless the policy has been modified since issue. The following table shows sample per \$1,000 surrender charge factors.

Surrender Charge Factors for Male Preferred and Standard Non-Tobacco Users
(Based upon Issue Age)

<u>Policy Year</u>	<u>25</u>	<u>35</u>	<u>45</u>	<u>55</u>	<u>65</u>
1	6.00	7.00	8.00	9.00	10.00
5	2.70	3.15	3.60	4.05	4.50
7	0.90	1.05	1.20	1.35	1.50

Policy Continuation

A policy will remain in force as long as there is sufficient accumulated value to pay the pure term insurance costs and any expense and surrender charges for the succeeding month, even if no premium has been received for that month. Should the accumulated value be insufficient, it will be used to continue insurance protection for a portion of the next month.

However, during the first five policy years, the Guaranteed Payment Period, the policy will remain in force if the total premiums received are at least equal to the sum of:

- a) the Guaranteed Monthly Premium times the number of monthly anniversary days the policy has been in force; plus
- b) the total amount of partial surrenders; plus
- c) the amount of current indebtedness.

Maturity Benefit

The policy matures on the policy anniversary nearest the Insured's 120th birthday, at which time the cash surrender value is paid.

Flexibility

At issue, the owner selects a planned premium amount, a specified amount of insurance, and the death benefit coverage option subject to the Company's limits. At any time the policy is in force, the owner may change the planned premium, the specified amount of insurance or the death benefit option. Any changes are subject to the Company's limits and requirements of the policy.

II. BASIS OF VALUES**Interest**

The guaranteed minimum interest rate that will be credited to the accumulated value is 3%. The company may credit interest to the accumulated value greater than the minimum guaranteed rate.

Because of the retrospective approach for the calculation of the accumulated value, the use of an interest rate greater than 3% will produce accumulated values larger than those produced by 3%. Therefore, such use is not in conflict with the minimum interest rate defined in the Standard Nonforfeiture Law.

Cost of Insurance

The guaranteed maximum cost of insurance rates applied in the calculation of the accumulated values under this policy are based on the 2001 Commissioner's Standard Ordinary Smoker and Nonsmoker Mortality Table. The Company may use cost of insurance rates which produce a lower cost of insurance, thus producing higher cash values than those generated by using the guaranteed 2001 CSO rates.

Continuation of Insurance

The same basis of values as described above applies to the partial month coverage that results from insufficient cash value to pay succeeding monthly charges.

III. DEMONSTRATION OF COMPLIANCE WITH THE STANDARD NONFORFEITURE LAW

General Approach

This section will demonstrate that the Flexible Premium Adjustable Death Benefit Insurance Policy (FPADB) cash values satisfy the minimum cash value requirement of the Standard Nonforfeiture Law (SNFL). The SNFL defines minimum cash values using a prospective formula. The FPADB cash value cannot be determined prospectively due to the following:

- (1) flexibility of premium payments and death benefits;
- (2) interest in excess of 3% credited to the accumulated value;
- (3) monthly cost of insurance rates less than the maximum permitted; and
- (4) monthly expense charges less than the maximum guaranteed monthly expense charge.

The following steps will be used to prove the FPADB cash values satisfy the minimum cash value requirements of the SNFL:

- (1) The SNFL formula will be mathematically converted to a retrospective formula. The method of calculating FPADB cash values is consistent with the retrospective SNFL cash value formula.
- (2) FPADB cash values will be generated using the minimum guaranteed interest rate of 3%, maximum expense charges, and the maximum cost of insurance rates which are based on the 2001 CSO Smoker and Nonsmoker Mortality Table. A higher interest rate, lower expenses, and/or lower cost of insurance rates will result in cash values greater than those based on the minimum basis. The 2001 CSO mortality tables combined with 3% interest is an acceptable basis for calculating cash values according to the SNFL.
- (3) It will be shown that the FPADB cash values are at least as favorable as the SNFL minimum cash values because:
 - a) The sum of the first year Surrender Charge and the Initial Expense Charge for the FPADB will in all cases be less than or equal to the Standard Nonforfeiture Law Initial Expense Allowance, and
 - b) The renewal year Surrender Charges for the FPADB will at all times be less than or equal to the Unused Unamortized Initial Expense Allowance.

Calculation of FPADB Cash Values

Definition of terms used in calculation of FPADB cash values:

s	duration from original issue date measured in years
$x + s$	age near birthday as of the policy anniversary
t	duration from original issue date measured in months
i'	monthly interest rate applied to cash values which equals $(1.03)^{1/12} - 1$
F_t	total death benefit at the end of month t
Exp	the monthly per policy expense charges
$PrmExp$	level percent of premium expense charge (15% of all premium)
G_t	gross premium collected in month t ; all premiums are assumed to be paid monthly at the beginning of the month
Acq	Additional acquisition monthly per thousand charge
P_t	net premium after level percent of premium expense is deducted, which equals: $G_t * (1 - PrmExp)$
q_{x+s}	1/12th of the 2001 CSO mortality rate for age $x + s$
r_{x+s}	maximum monthly cost of insurance rate during policy year s which equals: $q_{x+s} / (1 - q_{x+s})$
AV_t	accumulated value at the end of month t ; $AV_0 = 0$
SC_t	surrender charge at the end of month t
CV_t	cash value at the end of month t $CV_t = AV_t - SC_t$
Ben_t	benefit charge or maximum monthly cost of insurance for month t , which equals:

$$r_{x+t} * [F_t / (1+i') - (AV_{t-1} + P_t - Exp - Acq * k)]; \text{ where } k = 1 \text{ if } t \leq 60, \text{ else } 0$$

The FPADB accumulated value at the time of issue after receipt of the initial premium is $P_1 - Ben_1 - Exp - Acq$. The FPADB accumulated and cash values at the end of the first month just prior to receipt of the second month's premium is:

$$AV_1 = (P_1 - Acq - Ben_1 - Exp) * (1+i')$$

With

$$Ben_1 = (q_{x+0}) / (1 - q_{x+0}) * [F_1 / (1 + i') - (P_1 - Acq - Exp)]$$

Substituting Ben_1 into AV_1 and simplifying,

$$AV_1 = [(P_1 - Acq - Exp) * (1 + i) - F_1 * q_{x+0}] / (1 - q_{x+0})$$

At the end of the second month:

$$AV_2 = (AV_1 + P_2 - Acq - Ben_2 - Exp) * (1 + i)$$

With

$$Ben_2 = (q_{x+0}) / (1 - q_{x+0}) * [F_2 / (1 + i) - (AV_1 + P_2 - Acq - Exp)]$$

Substituting Ben_2 into AV_2 and simplifying,

$$AV_2 = [(AV_1 + P_2 - Acq - Exp) * (1 + i) - F_2 * q_{x+0}] / (1 - q_{x+0})$$

In General,

$$AV_{t+1} = [(AV_t + P_{t+1} - Acq - Exp) * (1 + i) - F_{t+1} * q_{x+0}] / (1 - q_{x+0})$$

Since $CV_t = AV_t - SC_t$ the following cash value formula is derived

Formula 1

$$CV_t = \sum_{n=1}^t [(P_n - Ben_n - Exp - Acq) * (1 + i)^{t-n+1}] - SC_t$$

Comparison of Universal Life Model Regulation Minimum Cash Values

The minimum cash value required by the Standard Nonforfeiture Law is calculated using a prospective formula involving the present value of future benefits less the present value of future adjusted premiums.

To comply with the Standard Nonforfeiture Law, it must be shown that:

- (1) The initial surrender charge is not greater than the maximum first year expense allowance, which is reduced by the excess first year expense charges.
- (2) The surrender charge in any year thereafter is not greater than the amortized first year expense allowance reduced by the excess first year expense charges.

Definition of additional terms used in calculation of Universal Life Model Regulation minimum cash values

<i>s</i>	duration from original issue date measured in years
<i>Int</i>	first year expense charge minus the average annual expense charges for years 2-20, divided by 12
<i>E</i>	the maximum expense allowance according to the Standard Nonforfeiture Law, which equals

$$1.25 * \min [P, .04] + .01$$

The term *P*, which is the nonforfeiture net level premium for the plan of insurance being sold, is based on a fixed premium, fixed benefit endowment policy with a face amount equal to the initial specified amount of insurance of the FPADB policy, with level premiums paid annually until the maturity age of 100.

<i>Unused</i>	unused initial expense allowance which equals $E - Int * 12$
\ddot{a}_{x+s}	present value of a life annuity of \$1 per year payable at the beginning of the year for an Insured aged $x + s$

Beyond the first policy year, the policy surrender charges must be less than the unused amortized value of the expense allowances:

$$SC_t < \left(Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right)$$

Appendix 1 shows the Unamortized Unused Initial Expense Allowance

$$\left(Unused * \frac{\ddot{a}_{x+s}}{\ddot{a}_x} \right)$$

and the Maximum Surrender Charge (SC_t) for policy years 1 through 7 for the Male Standard Non-tobacco class. Surrender charges for other classes are analyzed using the same methodology. The Maximum Surrender Charge does not exceed the Unamortized Unused Initial Expense Allowance for any cell and therefore the FPADB cash values meet or exceed UL Model Regulation Minimum Cash Values.

IV. STATEMENT OF COMPLIANCE WITH THE STANDARD VALUATION LAW

The reserves held for the FPADB will be at least as great as the minimum reserves required by the Standard Valuation Law as outlined by the Universal Life Model Regulation.

The Universal Life Model Regulation states that the minimum valuation standard shall be the Commissioner's Reserve Valuation Method (CRVM).

Present values are based on the valuation interest rate and mortality rates. The CRVM expense allowance is based on the guaranteed plan at issue.

V. INCREASES TO THE SPECIFIED AMOUNT

Guaranteed Monthly Premium

The policy will remain in force as long as there is sufficient accumulated value to pay the pure term insurance costs and any expense and surrender charges and any indebtedness for the succeeding month. This is true even if no premium has been received for that month. Should the accumulated value be insufficient, it will be used to continue coverage for a portion of the next month.

After an increase there will be a new Guaranteed Payment Period. A new Guaranteed Monthly Premium will be applicable during the new Guaranteed Payment Period and current policy data will be sent to the policyholder after an increase in specified amount.

Expenses

After an increase to the specified amount of insurance, a new seven year surrender charge period begins for the increase. The surrender charges for the increase are calculated using the same method as a newly issued policy. The cost of insurance will be based on the net amount at risk calculated with the increase added to the specified amount.

These surrender charges and policy expenses are less than or equal to the maximum expense allowance allowed by the Standard Nonforfeiture Law.



Lynn R. Robinson ASA, MAAA
Senior Actuarial Assistant
April 1, 2008

APPENDIX 1

Male Preferred Best Non-tobacco, Preferred Non-Tobacco & Standard Non-Tobacco

The first row for each age is the Unamortized Unused Initial Expense Allowance permitted by the Universal Life Insurance Model Regulation.
The second row for each age is the maximum surrender charge for renewal years.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
20	18.71	18.59	18.46	18.33	18.20	18.06	17.92
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
21	19.00	18.87	18.73	18.60	18.45	18.31	18.16
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
22	19.29	19.15	19.01	18.87	18.72	18.57	18.41
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
23	19.60	19.46	19.31	19.16	19.00	18.84	18.67
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
24	19.92	19.77	19.61	19.45	19.29	19.12	18.94
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
25	20.26	20.10	19.93	19.76	19.59	19.41	19.22
	6.00	6.00	4.80	3.60	2.70	1.80	0.90
26	20.61	20.44	20.27	20.09	19.90	19.71	19.52
	6.10	6.10	4.88	3.66	2.75	1.83	0.92
27	20.97	20.80	20.61	20.42	20.23	20.02	19.82
	6.20	6.20	4.96	3.72	2.79	1.86	0.93
28	21.35	21.16	20.97	20.77	20.56	20.35	20.13
	6.30	6.30	5.04	3.78	2.84	1.89	0.95
29	21.75	21.55	21.34	21.13	20.91	20.69	20.46
	6.40	6.40	5.12	3.84	2.88	1.92	0.96
30	22.17	21.96	21.74	21.51	21.28	21.04	20.80
	6.50	6.50	5.20	3.90	2.93	1.95	0.98
31	22.61	22.38	22.15	21.91	21.67	21.42	21.16
	6.60	6.60	5.28	3.96	2.97	1.98	0.99
32	23.07	22.83	22.59	22.33	22.07	21.81	21.53
	6.70	6.70	5.36	4.02	3.02	2.01	1.01
33	23.56	23.30	23.04	22.77	22.50	22.22	21.93
	6.80	6.80	5.44	4.08	3.06	2.04	1.02
34	24.07	23.80	23.52	23.24	22.95	22.65	22.34
	6.90	6.90	5.52	4.14	3.11	2.07	1.04
35	24.60	24.32	24.02	23.72	23.41	23.10	22.78
	7.00	7.00	5.60	4.20	3.15	2.10	1.05
36	25.17	24.86	24.55	24.23	23.91	23.57	23.23
	7.10	7.10	5.68	4.26	3.20	2.13	1.07
37	25.76	25.43	25.10	24.77	24.42	24.07	23.71
	7.20	7.20	5.76	4.32	3.24	2.16	1.08
38	26.38	26.03	25.68	25.32	24.96	24.58	24.20
	7.30	7.30	5.84	4.38	3.29	2.19	1.10
39	27.03	26.66	26.29	25.91	25.52	25.13	24.72
	7.40	7.40	5.92	4.44	3.33	2.22	1.11
40	27.71	27.32	26.93	26.53	26.11	25.70	25.27
	7.50	7.50	6.00	4.50	3.38	2.25	1.13

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The first row for each age is the Unamortized Unused Initial Expense Allowance permitted by the Universal Life Insurance Model Regulation.
The second row for each age is the maximum surrender charge for renewal years.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
41	28.43	28.02	27.60	27.17	26.74	26.29	25.84
	7.60	7.60	6.08	4.56	3.42	2.28	1.14
42	29.19	28.75	28.31	27.85	27.39	26.92	26.44
	7.70	7.70	6.16	4.62	3.47	2.31	1.16
43	29.98	29.52	29.05	28.56	28.07	27.57	27.05
	7.80	7.80	6.24	4.68	3.51	2.34	1.17
44	30.82	30.32	29.82	29.31	28.78	28.25	27.70
	7.90	7.90	6.32	4.74	3.56	2.37	1.19
45	31.70	31.17	30.63	30.09	29.52	28.95	28.36
	8.00	8.00	6.40	4.80	3.60	2.40	1.20
46	32.62	32.05	31.48	30.89	30.29	29.68	29.06
	8.10	8.10	6.48	4.86	3.65	2.43	1.22
47	33.58	32.98	32.36	31.74	31.09	30.44	29.78
	8.20	8.20	6.56	4.92	3.69	2.46	1.23
48	34.60	33.95	33.29	32.62	31.93	31.24	30.53
	8.30	8.30	6.64	4.98	3.74	2.49	1.25
49	35.67	34.98	34.27	33.55	32.82	32.08	31.34
	8.40	8.40	6.72	5.04	3.78	2.52	1.26
50	36.82	36.07	35.32	34.55	33.77	32.98	32.19
	8.50	8.50	6.80	5.10	3.83	2.55	1.28
51	38.03	37.23	36.42	35.60	34.78	33.94	33.10
	8.60	8.60	6.88	5.16	3.87	2.58	1.29
52	39.32	38.47	37.60	36.73	35.84	34.95	34.05
	8.70	8.70	6.96	5.22	3.92	2.61	1.31
53	40.69	39.77	38.85	37.91	36.97	36.02	35.05
	8.80	8.80	7.04	5.28	3.96	2.64	1.32
54	42.13	41.16	40.17	39.17	38.16	37.14	36.10
	8.90	8.90	7.12	5.34	4.01	2.67	1.34
55	43.67	42.62	41.56	40.49	39.40	38.31	37.21
	-	-	-	-	-	-	-
56	45.28	44.16	43.02	41.87	40.70	39.53	38.36
	9.10	9.10	7.28	5.46	4.10	2.73	1.37
57	46.99	45.78	44.55	43.31	42.07	40.82	39.58
	9.20	9.20	7.36	5.52	4.14	2.76	1.38
58	48.79	47.49	46.16	44.84	43.51	42.18	40.86
	9.30	9.30	7.44	5.58	4.19	2.79	1.40
59	50.72	49.30	47.89	46.47	45.05	43.64	42.23
	9.40	9.40	7.52	5.64	4.23	2.82	1.41
60	52.77	51.25	49.73	48.22	46.71	45.20	43.69
	9.50	9.50	7.60	5.70	4.28	2.85	1.43
61	54.96	53.33	51.71	50.09	48.47	46.85	45.23
	9.60	9.60	7.68	5.76	4.32	2.88	1.44

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The second row for each age is the maximum surrender charge for renewal years.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
62	57.30	55.55	53.81	52.07	50.33	48.59	46.84
	9.70	9.70	7.76	5.82	4.37	2.91	1.46
63	58.17	56.35	54.53	52.71	50.88	49.04	47.20
	9.80	9.80	7.84	5.88	4.41	2.94	1.47
64	58.12	56.24	54.36	52.47	50.58	48.68	46.78
	9.90	9.90	7.92	5.94	4.46	2.97	1.49
65	58.06	56.12	54.17	52.22	50.26	48.29	46.33
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
66	57.99	55.98	53.96	51.93	49.90	47.88	45.88
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
67	57.91	55.83	53.73	51.63	49.53	47.46	45.42
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
68	57.83	55.66	53.48	51.31	49.17	47.06	44.96
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
69	57.74	55.48	53.23	51.01	48.82	46.65	44.50
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
70	57.65	55.31	53.00	50.72	48.47	46.24	44.04
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
71	57.56	55.16	52.79	50.44	48.12	45.83	43.57
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
72	57.49	55.02	52.58	50.16	47.77	45.42	43.13
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
73	57.42	54.86	52.34	49.85	47.40	45.01	42.69
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
74	57.33	54.69	52.09	49.53	47.03	44.61	42.27
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
75	57.24	54.51	51.83	49.21	46.68	44.24	41.89
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
76	57.14	54.33	51.59	48.93	46.37	43.91	41.54
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
77	57.04	54.17	51.38	48.69	46.11	43.62	41.23
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
78	56.97	54.04	51.21	48.49	45.88	43.36	40.95
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
79	56.91	53.93	51.07	48.31	45.66	43.13	40.72
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
80	56.85	53.84	50.93	48.14	45.47	42.92	40.53
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
81	56.81	53.75	50.80	47.98	45.30	42.77	40.41
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
82	56.76	53.65	50.67	47.83	45.17	42.68	40.37
	10.00	10.00	8.00	6.00	4.50	3.00	1.50

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The second row for each age is the maximum surrender charge for renewal years.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
83	56.71	53.55	50.56	47.74	45.11	42.67	40.42
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
84	56.66	53.49	50.51	47.72	45.14	42.77	40.59
	10.00	10.00	8.00	6.00	4.50	3.00	1.50
85	56.64	53.48	50.53	47.80	45.28	42.98	40.81
	10.00	10.00	8.00	6.00	4.50	3.00	1.50

Kansas City Life Insurance Company
Guaranteed Death Benefit Rider - UL
(GDB)

Actuarial Memorandum
(Form Number R221)

GENERAL

The Guaranteed Death Benefit Rider (GDB) provides that the policy will remain in force to age 120 if the insured meets an accumulated premium test.

BASE POLICY

The GDB may be added to UL policy form J178 at issue.

UNDERWRITING

This rider will not be underwritten. There are no age limitations for the GDB.

PREMIUM REQUIREMENTS

There is no charge for the GDB and no additional premium is required for it. However, it does establish the funding level to be maintained to provide the lapse protection benefit.

RIDER BENEFITS

Death Benefit

The death benefit will be payable if the policy is in force under the lapse protection provision even if the policy does not have a positive cash value.

Nonforfeiture Benefits

There are no additional nonforfeiture benefits associated with the no-lapse guarantee.

Termination

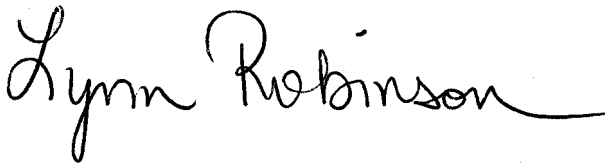
The policy and GDB will terminate upon the death of the insured, by request of the owner, if there is any change in the policy that would cause an increase in charges (i.e. increasing the specified amount) or if the accumulated premium test is not satisfied and the cash value is insufficient to pay the monthly charges.

RESERVES

The reserves for the no-lapse guarantee will be calculated according to the methods prescribed by the Valuation of Life Insurance Policies Model Regulation and Actuarial Guideline AXXX. The no-lapse guarantee will create a plan with one segment equal to the number of years from issue to maturity. The minimum reserve will be the reserve calculated for this one segment using the minimum standards of mortality and interest and using the guaranteed no-lapse premiums instead of the valuation net premiums when the guaranteed no-lapse premiums are less than the corresponding valuation net premiums.

CERTIFICATION

To the best of my knowledge and belief, the provisions of this form are not inadequate, excessive or discriminatory. No changes will be made to distribute past profits or recover past losses; any changes will be based entirely on future expectations.

A handwritten signature in black ink that reads "Lynn Robinson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lynn R. Robinson, ASA, MAAA
Senior Actuarial Assistant
May 13, 2008

Sample Calculation – Reserves

Policy Year	Fund Value	Cash Value	Male, SNT, Age 35		AXXX Min Std Reserve	Def Reserve
			Approx. CRVM Res	AXXX Reserve 2 nd Guar. Ex. 8A		
0	0.00	0.00	0.00	0.00	0.00	Ex. 8G 0.00
1	219.54	0.00	0.00	5.52	5.52	0.00
2	441.31	0.00	2.46	11.59	11.59	0.00
3	659.62	99.62	4.89	19.29	19.29	0.00
4	879.03	459.03	7.31	30.27	30.27	0.00
5	1,100.18	785.18	9.72	41.69	41.69	0.00
6	1,674.35	1,464.35	15.37	53.93	53.93	0.00
7	2,271.97	2,166.97	21.41	67.05	67.05	0.00
8	2,893.77	2,893.77	27.79	81.06	81.06	0.00
9	3,540.11	3,540.11	34.51	94.95	94.95	0.00
10	4,213.03	4,213.03	41.56	109.75	109.75	0.00
11	4,923.85	4,923.85	49.03	125.47	125.47	0.00
12	5,662.97	5,662.97	56.80	142.07	142.07	0.00
13	6,429.32	6,429.32	64.85	159.44	159.44	0.00
14	7,221.89	7,221.89	73.12	177.38	177.38	0.00
15	8,041.10	8,041.10	81.62	195.60	195.60	0.00
16	8,884.62	8,884.62	90.36	213.75	213.75	0.00
17	9,756.22	9,756.22	99.39	231.45	231.45	0.00
18	10,655.67	10,655.67	108.72	248.28	248.28	0.00
19	11,583.29	11,583.29	118.33	263.73	263.73	0.00
20	12,539.02	12,539.02	128.26	279.31	279.31	0.00
21	13,522.92	13,522.92	138.52	294.99	294.99	0.00
22	14,533.84	14,533.84	149.10	310.75	310.75	0.00
23	15,571.10	15,571.10	159.97	326.57	326.57	0.00
24	16,632.85	16,632.85	171.09	342.49	342.49	0.00
25	17,716.91	17,716.91	182.43	358.56	358.56	0.00
26	18,820.73	18,820.73	193.88	374.61	374.61	0.00
27	19,937.73	19,937.73	205.45	390.73	390.73	0.00
28	21,064.65	21,064.65	217.10	406.82	406.82	0.00
29	22,199.08	22,199.08	228.81	422.86	422.86	0.00
30	23,336.94	23,336.94	240.53	438.85	438.85	0.00
35	28,874.02	28,874.02	297.26	519.27	519.27	0.00
40	33,358.21	33,358.21	342.51	599.76	599.76	0.00
45	34,830.74	34,830.74	356.34	677.26	677.26	0.00
50	28,848.44	28,848.44	294.23	750.84	750.84	0.00
55	3,731.07	3,731.07	37.93	804.45	804.45	0.00
60	0.00	0.00	0.00	775.10	775.10	0.00
65	0.00	0.00	0.00	0.00	0.00	0.00

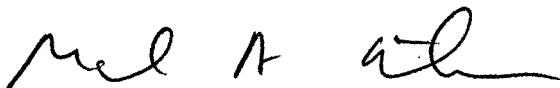
Kansas City Life Insurance Company
Actuarial Certification
Form No. J178

I, Mark A. Milton, am Senior Vice President and Chief Actuary of Kansas City Life Insurance Company and am a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of said insurer to be the Illustration Actuary for all plans of insurance subject to the Life Insurance Illustration Model Regulation. The appointment was effective January 1, 1997. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

The scales used in illustrating non-guaranteed elements for the plan meets the requirements of the Regulation. The disciplined current scale for this plan is in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board. Moreover:

- No currently payable scale for business issued within the last five years and within the scope of this certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale.
- Non-guaranteed elements illustrated for new policies are consistent with those illustrated for similar in force policies.
- Illustrated non-guaranteed elements for new and in-force policies subject to this regulation are consistent with the non-guaranteed elements amounts actually credited or charged to the same or similar forms.
- The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation were from the 2008 Generally Recognized Expense Table.

In making this certification, I have not deviated from ASOP 24 in any way.



May 13, 2008

Mark A Milton FSA, MAAA
Illustration Actuary
Senior Vice President and Actuary
Kansas City Life Insurance Company

Date

Kansas City Life Insurance Company
Illustration Regulation Certification
Form No. J178

I, Jill A. Daniel, am Assistant Vice President and Associate Actuary of Kansas City Life Insurance Company. I am an officer of said insurer and have been appointed to certify compliance with subsection F of Section 11 of the Life Insurance Illustration Model Regulation for this state for all applicable plans of insurance.

The illustration formats meet the requirements of the Regulation and the scales used in insurer-authorized illustrations are those scales certified by the Illustration Actuary.

The company has provided its agents with information about the expense allocation method used by the company in its annual illustration certification.



Jill A. Daniel, ASA, MAAA
AVP and Associate Actuary

May 13, 2008

Date